

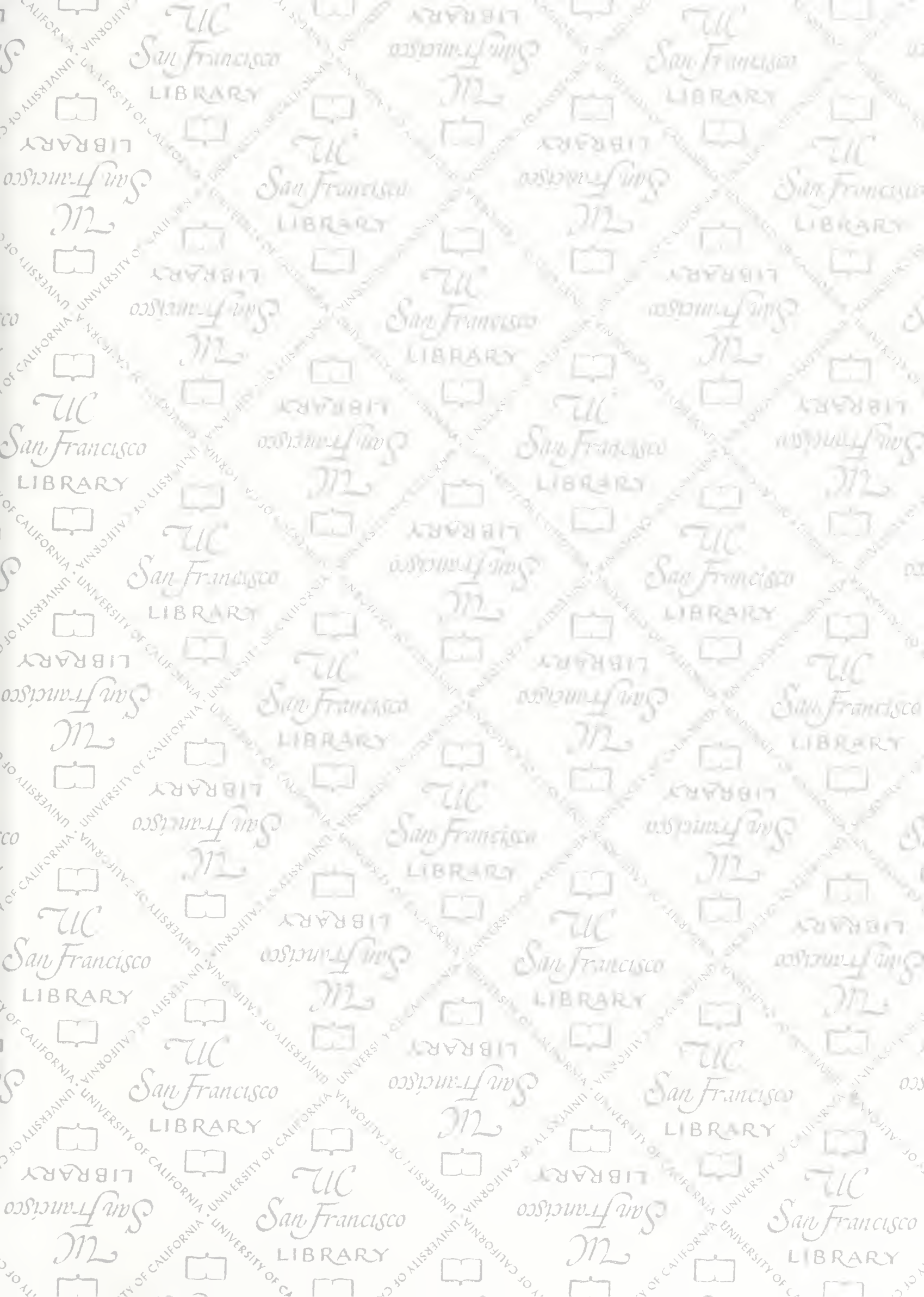




Digitized by the Internet Archive  
in 2017 with funding from  
The National Endowment for the Humanities and the Arcadia Fund

<https://archive.org/details/hawaiimedicaljou41unse>



















JANUARY 1982  
VOL. 41, NO. 1

# Hawaii Medical Journal

## CONTENTS

Editorials	5
Letters to the Editor	6
Science and Current Dilemmas of Health Care Donald F.B. Char, M.D.	11
Annual Proceedings of the House of Delegates	13
Continuing Medical Education	39
Clinical Pathologist's Easy Chair	42
Hawaii Academy of Family Physicians' Newsletter	43
HMA Auxiliary	44
HMA Council Meeting	44
News and Notes	45

LIBRARY  
U.C. SAN FRANCISCO  
MAR 1 1982

U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143

IF YOU'RE USING LORAZEPAM  
TO TREAT ANXIETY-  
SOME THINGS ARE MISSING...







## MIND AND MUSCLE CONCERT OF ACTION

...distinct antianxiety and skeletal muscle relaxant actions to ease tense emotions and relax tense muscles.

...rapid absorption and a built-in tapering effect through active metabolites, for smooth transition to independent coping.

...a history of clinical experience and safety unequalled by any other benzodiazepine.

## PREDICTABLE I.V. SPAN OF ACTION

With I.V. Valium you get predictably brief anterograde amnesia, usually lasting 20-60 minutes.<sup>1</sup> With I.V. lorazepam, sedative and amnesic effects may last 8 hours or even longer. Even orally, sedation and impairment of motor skills may last significantly longer than those of Valium.<sup>2,3</sup>

Of course, with all benzodiazepines—caution patients against immediate resumption of activities requiring complete mental alertness, such as driving. Ingestion of alcohol should be avoided.

References: 1. Data on file, Hoffmann-La Roche Inc. 2. Seppala T, et al: *Br J Pharmacol* 3:831-841, 1976. 3. Harry TVA, Richards DJ: *Br J Clin Pract* 26: 371-373, 1972.

# VALIUM<sup>®</sup> <sup>IV</sup>

## diazepam/Roche

Tablets: 2-mg, 5-mg, 10-mg scored tablets

Injectable: 2-ml Tel-E-Ject<sup>®</sup> disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials }

Please see summary of product information on following page.





**VALIUM® (diazepam/Roche)  
TABLETS AND INJECTABLE**

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal, adjunctively in relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis, stiff-man syndrome. Oral form may be used adjunctively in convulsive disorders, but not as sole therapy. Injectable form may also be used adjunctively in status epilepticus; severe recurrent seizures, tetanus, anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures, cardioversion. The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets in children under 6 months of age, known hypersensitivity, acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL:** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients, should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication, abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V. inject slowly, taking at least one minute for each 5 mg (1 ml) given, do not use small veins, i.e., dorsum of hand or wrist, use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest; concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea; have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/2, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use. Efficacy/safety not established in neonates (age 30 days or less), prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence, can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam/Roche), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2 1/2 mg once or twice daily, increasing gradually as needed or tolerated). The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return; re-administer if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, discontinue drug. Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam/Roche) therapy and are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure, employ general supportive measures, I.V. fluids, adequate airway. Use levaterenol or metaraminol for hypotension. Dialysis is of limited value.

 **ROCHE** ROCHE PRODUCTS INC.  
Manati, Puerto Rico 00701

# Hawaii Medical Journal

(USPS 237-640)

Published Monthly for the  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

Editor, HARRY L. ARNOLD, Jr., M.D.

Managing Editor, DORIS R. JASINSKI, M.D., M.P.H.

News Editor, HENRY N. YOKOYAMA, M.D.

Associate Editors, JOHN M. CORBOY, M.D.

J. I. FREDERICK REPPUN, M.D.

Editorial Assistants: BECKY KENDRO, JENNIE ASATO

Editorial Board: FRANCIS H. FUKUNAGA, M.D.,  
NORMAN GOLDSTEIN, M.D., RALPH W. HALE, M.D.,  
THOMAS C. HALL, M.D., ROBERT T. S. JIM, M.D.,  
JAMES LUMENG, M.D., FRANCIS D. PIEN, M.D.,  
SIANG YONG TAN, M.D., THOMAS J. WHELAN, JR., M.D.

Publications Committee: DORIS JASINSKI, M.D. (CHAIRMAN)  
CHARLOTTE M. FLORINE, M.D. (COMMISSIONER)  
HARRY L. ARNOLD, JR., M.D., JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D., WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D., JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D., BAL RAJ MEHTA, M.D.,  
SIANG YONG TAN, M.D., TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA AUXILIARY)

## OFFICERS

President, ANN B. CATTS, M.D.

President-Elect, CALVIN C.M. KAM, M.D.

Past President, NEAL E. WINN, M.D.

Secretary, KWONG YEN LUM, M.D.

Treasurer, WILLIAM HINDLE, M.D.

County Presidents

Hawaii, ERNEST L. BADE, M.D.

Honolulu, THOMAS G. CAHILL, M.D.

Kauai, MARK WENTWORTH, M.D.

Maui, EUGENE C. WASSON, III, M.D.

West Hawaii, JEFFREY B. McDEVITT, M.D.

Delegate to AMA,

HERBERT Y.H. CHINN, M.D.

Alternate Delegate to AMA,

WILLIAM E. IACONETTI, M.D.

Advertising Representatives

National

UNITED MEDIA ASSOCIATES, INC.

16 Bruce Park Avenue

Greenwich, Connecticut 06830

Phone (203) 661-9702

Honolulu:

CROSSROADS PRESS, INC.

Post Office Box 833

Honolulu, Hawaii 96808

Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc. for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Annual subscriptions is \$10. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1981 by the Hawaii Medical Association. Printed in U.S.A.

HAWAII MEDICAL JOURNAL





## Hawaii's Own Pan Pacific Surgical Association

The 16th Congress Pan-Pacific Surgical Association, January 9-15, 1982, culminates a 43-year span of medical history in the Pacific Basin.

These Congresses have been an international linkage of surgeons who have been willing and eager to share their knowledge and their newest techniques with their colleagues, irrespective of political boundaries or ethnic or cultural differences.

Founded by Alexander Hume Ford, leader of the Pan-Pacific Union, in 1929, PPSA has grown in membership and in reputation. Some 3,000 physicians are expected to attend the 16th Congress, coming from all over the world, not only from the countries bordering the Pacific Ocean. Hawaii and its physicians can well be proud of this international project for peace and healing.

This 16th Congress is unique in that its governing body has accepted the participation of a non-surgeon, a member of the American Academy of Family Physicians, in its programming. This reflects a significant appreciation by the surgeons that their knowledge and expertise applies to the whole person, the patient, who may well have other physicians in attendance for problems in other body systems. The latter need to understand what their patients may have to go through when they get cut up!

This Congress of the great and near-great in surgery should appeal, then, to physicians outside the surgical specialties, such as general and family practitioners, internists, pediatricians and psychiatrists. By so extending their appeal to these non-surgical colleagues, the surgeons will be enhancing the care of the whole patient.

The practice of medicine is becoming more and more a cohesive team effort. The AAFP, whose membership is second in numbers only to that of the AMA, appreciates being a co-participant with PPSA and thereby permitting its own members to acquire the highest category "P" of accreditation in Continuing Medical Education (CME) credits.

Physicians of Hawaii should flock to hear the outstanding papers to be presented by the most eminent leaders in general surgery, anesthesia, neurosurgery, orthopedics, otolaryngology/head & neck surgery, plastic surgery, thoracic/cardiovascular surgery, and urology. This gives a wide choice, occupying mornings from 8:00 AM to 12:30 PM, Monday through Friday, at the Sheraton-Waikiki. A maximum of 20 credit hours of CME are available.

JIFR

## A Valuable Suggestion

An excellent proposal was recently made by Dr. James Taylor in Medical Economics. He suggested that since Medicaid functions as a government-run charity, physicians treating Medicaid patients are actually contributing their services to charity, while receiving nominal payments based on wholly inequitable fee scales.

Rather than accept these token payments, suggests Dr. Taylor, physicians should instead be credited with a tax-deductible contribution whenever they submit a claim. The amount credited would be based on local customary fee scales, and would be periodically updated. No money would actually change hands. Physicians would receive quarterly reports, as well as an annual summary to file with their tax returns.

Even allowing for loss of tax revenues, state and federal governments would save millions; the tax advantage would encourage physician participation, and administrative agencies would have more time and money for surveillance of recipients. Medicaid patients would feel more welcome, and might receive earlier and better care.

Physicians receive only 10% of the Medicaid dollar nationwide, so, to increase the effect, allied health professionals, nursing homes, and the public could also contribute, thus helping themselves while improving the care of the poor. With claims work greatly simplified and freed of financial dependence, DSSH could streamline its operation and actually upgrade the Medicaid program.

Everybody wins: the government would save money, you'd be compensated fairly (for a change!), and the poor would be better served. Now that's the kind of constructive suggestion we need! Tell your congressman.

JMC

*Ed. Note: For those whose practice consists primarily or entirely of Medicaid patients, contributing all to charity might drive some of these physicians, themselves, to seek DSSH subsistence! However, as they are often paid, e.g., \$8 or \$9 on a \$24 or \$36 claim, certainly the unpaid difference, euphemistically known as the "physician's adjustment," should be claimable as a charitable deduction. Often, the Medicaid payment barely covers the cost of doing business, never mind a salary for the physician!*

## Medical Progress

Exactly 100 years before President Reagan was shot, President James Garfield was the target of an assassin's bullet in a remarkably similar event.

Garfield's terminal agony, recently detailed by Ralph L. Stevens, M.D. (JAMA, 246, 15, 1674), invites comparison with Reagan's prompt recovery. Garfield, suffering a relatively minor back wound, died after 80 days of progressive septicemia. (Ironically, the bullet lay encysted in muscle, while the physicians' vigorous, unsterile probings produced a huge abscess and hepatocolic fistula.)

Throughout his suffering, Garfield received neither intravenous fluids, blood transfusions, hyperalimentation, antibiotics, X-rays, nor definitive surgery, any of which might have saved his life. While it is clear that 1981 medicine would have spared Garfield, we can easily imagine the fate of our 70-year-old President shot in the lung in 1881.



Stevens makes the point that many aspects of American life have shown precious little improvement in the past century: "A wad of greenbacks today will buy corrupt congressmen and senators, just as it did in 1881. Madmen still roam the streets, armed with handguns. Medicine, at least, has improved substantially in the past century, and President Reagan and thousands of other trauma victims are alive today because of it. The next time someone criticizes modern medicine, remind them about how it saved Ronald Reagan's life. And then tell them about what happened to Garfield." Amen.

JMC

## 10 Years on the Treadmill

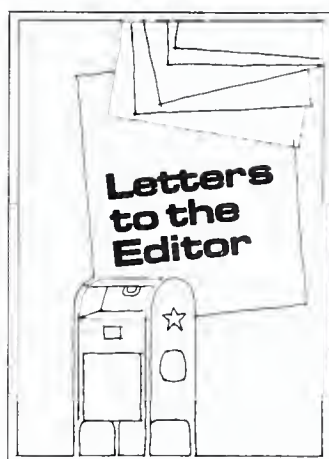
Data collected by the AMA Center for Health Services

Research & Development in 1970 and in 1980 were recently compared to describe changes in physicians' practices over the decade.

Major findings of the study provide good news and bad: (1) the average practice expense for physicians has increased faster than gross income; (2) the average annualized increase in the physicians' fee (adjusted for inflation) for a follow-up visit rose by only 1.0% over the decade; (3) the average number of patient visits per week and hours per week fell; (4) the average waiting time for an appointment and waiting time in the office fell; (5) the average *real net* income for physicians has fallen slightly.

The findings probably come as no surprise, and tend to confirm the feeling you have of "running in place."

JMC



cox Hospital in Lihue." We have never done this except for a one-week period during the United Public Workers strike.

I would appreciate you getting your facts straight before making such erroneous reporting and would suggest you correct this misinformation.

Sincerely,

KAUAI VETERANS MEMORIAL HOSPITAL

Richard Johnston  
System's Administrator

We apologize — Ed.

"Memorium" in any of our dictionaries. Webster includes "In Memoriam" under the "I" division. I would be interested to hear if you know of a source that differs.

Betty Liljestrand  
Honolulu

Thank you for your kind words; the "editorial vacuum," as I have long thought of it, is not often penetrated, even by complaints, let alone praise!

Not only do I know of no justification for "Memorium"; I know that there is no explanation for it except the one Samuel Johnson gave when he was asked why he had defined a horse's pastern as its ankle: "Ignorance, madam — pure ignorance!" *Memoria* is first declension and the accusative ending is *-am*, never *-um*. I have battled this booboo off and on for 40 years, but it will not die, and now that Latin is no longer taught at all in secondary schools, I am sure it has become immortal.

Thank you for writing! Warmest regards! — Editor.

Addendum from the Managing Editor:  
*Mea culpa!* Although I studied Latin for four years in "secondary school," *memoria* obviously was not in my curriculum. It is I who accept responsibility for this *faux pas*. P.S. I have also studied French!

To the Editor:

I would like to "take issue" with you on a recent article printed in the Hawaii Medical Journal, June 1981 issue, under "News and Notes" page 166 concerning Kauai Veterans Memorial Hospital.

Please be informed that our emergency room was opened in February 1980 and has been fully staffed 24 hours a day ever since. Also, our ICU/CCU was opened in March of 1980 and fully staffed by contract nurses 24 hours a day.

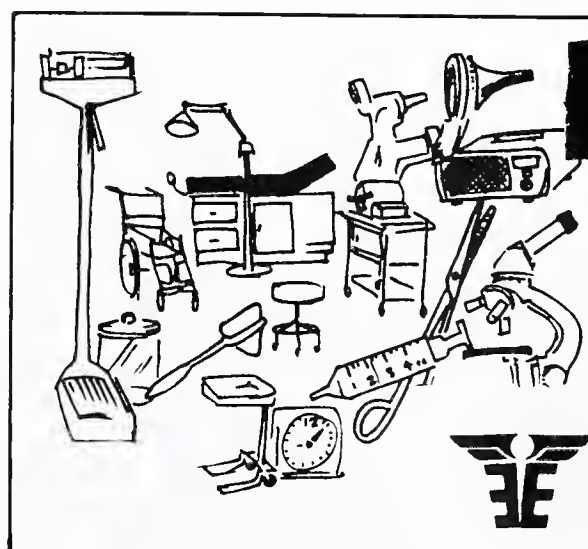
You mention we "stabilize patients, then shipping them by ambulance to Wil-

To the Editor:

Congratulations on your October issue of the HAWAII MEDICAL JOURNAL. Very interesting, especially for us who are old enough to remember those doctors whose biographies were published in Betty Katsuki's article. We shall place it on our "Save" shelf.

Betty's amazing work for this Auxiliary project, "In Memoriam," has been a great contribution to the HMA. It is unusually significant since there is nothing that matches it in the other state auxiliaries. Thank you for publicizing it.


I have an additional comment, concerning the name. Your publication lists it as "In Memorium." I can't find



# PEQEX

## NEW & RECONDITIONED MEDICAL EQUIPMENT FOR SALE

- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT



**PHYSICIAN'S EQUIPMENT EXCHANGE, INC.**  
866 IWILEI RD., 207/HONOLULU, HI 96817

## 537-2724

## CLASSIFIED NOTICES

Call 521-0021 to place a classified ad.

### OFFICE, STORE, WAREHOUSE MILILANI TOWN

Ofc. space for lease, Kam Hwy. new bldg.  
623-2805 days, 623-9810 eves.

Internal Medicine/General Practice for sale. Well established, prime location, new equipment. Gross \$150,000. Terms negotiable. Replies to: P.O. Box 25312 Honolulu, Hawaii 96825

Kailua Professional Bldg. II  
Now leasing general medical space.  
Located in Windward Oahu  
Call 262-4792 or 262-8107 wkdays.



# OTTO FOR EASY BANKING.

With an OttoCard, you can bank all hours, any day or night. Get cash.  
Make a deposit. Transfer money. Even check your balance.

At any Otto location, statewide.

To apply for an OttoCard, see your Customer Consultant at First Hawaiian.  
And ask for a free demonstration of Otto. It's simple. So convenient.

In fact, all banking should be this easy.

A black and white photograph of a man in a Hawaiian shirt standing next to a First Hawaiian Bank Automatic Teller Machine (ATM). He is holding an OttoCard to the card reader on the machine. The ATM screen displays the Otto logo. The man has a thoughtful expression, with his hand near his chin. The ATM is a large, dark machine with a keypad and a card reader. The text "First Hawaiian Bank Automatic Teller" is visible on the top of the machine. The OttoCard is a small card with the Otto logo and some text. The man is wearing a watch on his left wrist. The background is plain white.

**First Hawaiian Bank Automatic Teller**

**OTTO**

**FIRST HAWAIIAN BANK**  
We say yes to you.



# DRAMATIC NEW CLINICAL PROOF\*

**In the treatment of impetigo -**

- **100% cure rate with Tegopen® (cloxacillin sodium)**
- **only a 60% cure rate with penicillin V-K**



**As seen on admission**



**After one week of penicillin V-K therapy**



**Two weeks after initiation of TEGOPEN therapy**

Treatment failure was judged to have occurred when lesions increased in size and/or number during the initial week of treatment with penicillin V-K. No treatment failures occurred with Tegopen.

\*Data on file, Bristol Laboratories.

## Brief Summary of Prescribing Information

**TEGOPEN®**  
(cloxacillin sodium)  
Capsules and Oral Solution

For complete information, consult Official Package Circular.

(12) 9/11/75

### INDICATIONS:

Although the principal indication for cloxacillin sodium is in the treatment of infections due to penicillinase-producing staphylococci, it may be used to initiate therapy in such patients in whom a staphylococcal infection is suspected. (See Important Note below.)

Bacteriologic studies to determine the causative organisms and their sensitivity to cloxacillin sodium should be performed.

### IMPORTANT NOTE

When it is judged necessary that treatment be initiated before definitive culture and sensitivity results are known, the choice of cloxacillin sodium should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semi-synthetic penicillin.

Recent studies have reported that the percentage of staphylococcal isolates resistant to penicillin G outside the hospital is increasing, approximating the high percentage of resistant staphylococcal isolates found in the hospital. For this reason, it is recommended that a penicillinase-resistant penicillin be used as initial therapy for any suspected staphylococcal infection until culture and sensitivity results are known.

Cloxacillin sodium is a compound that acts through a mechanism similar to that of methicillin against penicillin G-resistant staphylococci. Strains of staphylococci resistant to methicillin have existed in nature and it is known that the number of these strains reported has been increasing. Such strains of staphylococci have been capable of producing serious disease, in some instances resulting in fatality. Because of this, there is concern that widespread use of the penicillinase-resistant penicillins may result in the appearance of an increasing number of staphylococcal strains which are resistant to these penicillins.

Methicillin-resistant strains are almost always resistant to all other penicillinase-resistant penicillins (cross-resistance with cephalosporin derivatives also occurs frequently). Resistance to any penicillinase-resistant penicillin should be interpreted as evidence of clinical resistance to all, in spite of the fact that minor variations in *in vitro* sensitivity may be encountered when more than one penicillinase-resistant penicillin is tested against the same strain of staphylococcus.

### CONTRAINDICATIONS:

A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.



## RESULTS OF ORAL THERAPY revealed a high percentage of treatment failures with penicillin V potassium, but *no* failures with Tegopen.

		Given Tegopen® (cloxacillin sodium)	Given penicillin V-K
<i>Staphylococcus aureus</i>	(78 patients)	39	39
Returned to clinic at one week		29†	38†
Treatment failure at one week		0	18 (47.4%)
<i>Staphylococcus aureus</i> and <i>Streptococcus pyogenes</i>	(9 patients)	4	5
Returned to clinic at one week		4	5
Treatment failure at one week		0	2 (40%)
No initial bacterial growth	(14 patients)	9	5
All 14 healed, regardless of which antibiotic was administered.			
Beta-hemolytic <i>Streptococcus</i>	(1 patient)	0	1
<b>TOTALS:</b>	<b>102 patients</b>	<b>52 patients</b>	<b>50 patients</b>

†Eleven patients did not return for their one-week checkup. These were all called by telephone, and their families reported

the lesions had healed. One patient was dropped from the study, early, because of adverse reaction to medication.

### STUDY: DESCRIPTION/PROTOCOL

- 102 nonselected subjects, with initial bacteriology as follows: 77% *Staphylococcus aureus*, 9% mixed *Staphylococcus aureus* and *Streptococcus pyogenes*, and 1% beta-hemolytic *Streptococcus*.†
- All patients were given randomized therapy—Tegopen capsules or oral solution, or penicillin V-K tablets or oral solution, in recommended dosages according to body weight.

- All patients were evaluated after one week's therapy. If there was no improvement, therapy was switched to the other antibiotic. The "other antibiotic" proved to be Tegopen 100% of the time because no treatment failures had occurred with Tegopen.
- A final assessment of progress was made two weeks after initiation of Tegopen therapy.

†The remainder, to equal 100%, consisted of 14 patients (13%) who exhibited no initial bacterial growth. These 14 were all healed, whether given Tegopen or penicillin V-K.

# TEGOPEN®

## (cloxacillin sodium)

### -effective therapy for staph infections of the skin and skin structures

#### WARNING:

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., pressor amines, antihistamines, and corticosteroids.

Safety for use in pregnancy has not been established.

#### PRECAUTIONS:

The possibility of the occurrence of superinfections with mycotic organisms or other pathogens should be kept in mind when using this compound, as with other antibiotics. If superinfection occurs during therapy, appropriate measures should be taken.

As with any potent drug, periodic assessment of organ system function, including renal, hepatic, and hematopoietic, should be made during long-term therapy.

#### ADVERSE REACTIONS:

Gastrointestinal disturbances, such as nausea, epigastric discomfort, flatulence, and loose

stools, have been noted by some patients. Mildly elevated SGOT levels (less than 100 units) have been reported in a few patients for whom pretherapeutic determinations were not made. Skin rashes and allergic symptoms, including wheezing and sneezing, have occasionally been encountered. Eosinophilia, with or without overt allergic manifestations, has been noted in some patients during therapy.

#### USUAL DOSAGE:

Adults: 250 mg. q 6h.

Children: 50 mg./Kg./day in equally divided doses q 6h. Children weighing more than 20 Kg should be given the adult dose. Administer on empty stomach for maximum absorption.

**N.B.** INFECTIONS CAUSED BY GROUP A BETA-HEMOLYTIC STREPTOCOCCI SHOULD BE TREATED FOR AT LEAST 10 DAYS TO HELP PREVENT THE OCCURRENCE OF ACUTE RHEUMATIC FEVER OR ACUTE GLOMERULONEPHRITIS.

#### SUPPLIED:

Capsules—250 mg. in bottles of 100 500 mg. in bottles of 100.  
Oral Solution—125 mg./5 ml. in 100 ml. and 200 ml. bottles.

**BRISTOL®**

Bristol Laboratories  
Division of Bristol-Myers Company  
Syracuse, New York 13201

Copyright © 1981, Bristol Laboratories

# How do you spell tax relief?

At Grand Pacific,  
we spell tax relief I.R.A.  
Here's why:

Under the new tax act, an I.R.A. — Individual Retirement Account — is available to everyone, whether participating in a qualified retirement plan or not. Come in now to sign up for your I.R.A.

- With a Grand Pacific Flexible Payment Retirement Annuity as your I.R.A., you can invest up to \$2,000 annually (\$2,250 if your spouse is unemployed), **deduct** that amount from your taxable income, and defer the payment of federal income tax.
- You earn a high rate of return on all funds — tax-deferred. This rate has remained stable while other

plans have fluctuated drastically.

- Any or all of your money — plus interest earned — is available to you at any time. No load, no fees, no delays, no red tape. (subject to IRS rules.)
- You cannot outlive your benefits — you'll receive your monthly check as long as you live.

Grand Pacific is ranked as financially comparable to the top 25 largest life companies in the Nation — according to Standard Analytical Services, independent analysts of the insurance industry since 1932.

## CALL ANY OF THE AGENCIES BELOW FOR FURTHER INFORMATION.

**A & M Insurance Agency**  
Manuel Kwon, CLU, G.A.  
3295 Oahu Avenue  
Honolulu, Hawaii 96822  
988-4726

**Aloha Insurance, Inc.**  
Francis Yamada, G.A.  
770 Kapiolani Boulevard  
Honolulu, Hawaii 96813  
536-4952

**F.B. Fiedler & Associates**  
Frank Fiedler, G.A.  
2080 South King St., #105  
Honolulu, Hawaii 96826  
955-2677

**Danny Kihano Insurance Agency**  
Danny Kihano, G.A.  
126 South Queen Street, #204  
Honolulu, Hawaii 96813  
524-4185

**K.H. Lum Agency**  
K.H. Lum, CLU, G.A.  
1481 South King Street, #343  
Honolulu, Hawaii 96814  
949-4737

**William S. Keeler & Associates, Inc.**  
William Keeler, CLU, G.A.  
1550 Rycroft Street  
Honolulu, Hawaii 96814  
946-5085

**Dick Phillips Insurance Agency**  
Kiyomi Yamamoto, G.A.  
1451 South King St., Suite 202  
Honolulu, Hawaii 96814  
946-8051

**J. Solidum & Associates**  
James Solidum, CLU, G.A.  
1110 University Avenue, Suite 501  
Honolulu, Hawaii 96826  
955-4544

**Gilbert Silva, Agent**  
1063 East Lower Main Street, Suite C-220  
Wailuku, Maui, Hawaii 96793  
246-6406



Wadsworth Yee, President

**GRAND PACIFIC**  
LIFE INSURANCE COMPANY, LIMITED

King & Alakea Streets • Honolulu, Hawaii • Telephone 548-3363  
More than \$1.3 billion of life insurance in force.



# Science and Current Dilemmas of Health Care

Donald F.B. Char, M.D.\*

Since the beginning of this century, science has been largely responsible for the magnificent saga of unparalleled progress in medical care throughout the world. Prior to this time, medical treatments rarely cured, and the bulk of the activities were devoted to caring and comforting the ill.

It was at this time that Ehrlich discovered his "magic bullet," Salvarsan, and cured syphilis. The Flexner report, highly critical of the state of medical care in America at the same time, demanded that medical education be improved by training doctors in universities, emphasizing the methods and concepts of science.

Since then, we have seen:

- 1—A doubling of the life expectancy of Americans.
- 2—The plummeting of infant mortality.
- 3—Infectious diseases largely eliminated as a cause of death.

Hawaii can point with pride to the fact that there are a third fewer hospital beds in the state than is the national average, and over 95% of the population is covered by basic health insurance.

Nonetheless, in the face of these accomplishments, many in our community are openly critical of the medical care they receive, and are even more antagonistic when financial costs for these services are discussed.

## **'Doing Better But Feeling Worse'**

For me, the recent book edited by the late Dr. John Knowles, entitled "Doing Better but Feeling Worse," helps to explain this dilemma.

I submit that we have been so successful in overcoming some of our scourges through science and research that we are now forced to confront diseases which we lack sufficient insight and wisdom to manage. We are forced now to deal with diseases of unknown or multiple causations. Too commonly, they relate to our self-destructive lifestyles. Our major killers, heart, cancer, and stroke, illustrate this problem.

Premature deaths through violence, such as accidents—most commonly through automobile crashes, plus homicide and suicide—are increasing. We remain virtually powerless to deal with the tragic problems of smoking,

drug and alcohol misuse. To this listing, we must add the threat of mental illness. Experts state that over 15% of Americans need some form of psychiatric treatment.

All of these diseases relate in some way to mental health, accounting for the burgeoning interest in modifying human behavior and to improve the health of Americans.

It is becoming evident to most observers that mentally impaired or despairing individuals in our communities are the largest source of crime and violence in our society. Coming from broken families and disrupted homes, lacking adequate coping skills, they create their own blighted families, further spreading the seeds of destructive behavior. So this cycle repeats itself, on and on.

## **Gluttony and Excess**

It is we "medical providers" who are forced to deal with problems relating to gluttony, smoking, recreational abuse of drugs and alcohol, reckless driving, and sexual intemperance, compounded by widespread crime and violence. Many people, unable to deal with their unrelenting stress engendered by the nature and quality of their personal lives, seek comfort and relief from chronic, often-times incurable ailments. Thus, the use of the medical care system has increased dramatically. Just a decade ago, in 1969, 58 billion dollars were spent in America for health care; in 1979, the nation spent over 200 billion dollars, over 9.5% of the gross national product.

We are all becoming aware of the fact that we need to address the problems of prevention, and need radically to revise our current lifestyles and expectations.

## **The Quick Fix**

Herein lies my deeper concern, involving science and scientific methods. In the press to develop effective prevention programs—and I strongly support this need—I am concerned that we frequently rush to apply ideas prematurely, often failing to set up strategies for evaluation of methods. Many social planners, ignorant of the *real* problems of medical care, motivated by personal biases and ambitions, concoct programs, administer same, then even interpret their results! Unfortunately, many such studies and reports are all too eagerly received by government bureaucrats and politicians, and are quickly acted upon. Witness the swine flu immunization program of 1977.

"Health planning" is now a major endeavor of our gov-

---

Excerpted from the Presidential Address to  
Hawaiian Academy of Science, May 1980.  
\*Director, Student Health Service, and Professor  
of Pediatrics, University of Hawaii



ernment. Increasingly, we see that the compiling of numbers, impressions and opinions, coupled with assumptions, employing questionable analyses, leads to proposed solutions. Even where objective, measurable, and quantifiable data can be analyzed, the inherent bias of the researchers needs to be considered.

David Bazelon in a recent article in "Science" wrote:

"Ironically, scientific progress not only creates new risks, but also uncovers previously unknown risks. As our understanding of the world grows exponentially, we are constantly learning that old activities, once thought safe, in fact pose substantial risks. The question is not whether we will risk at all, but how much risk and from what source. Perhaps even more important, the question is who will decide?"

Daniel Greenberg, a Washington columnist, writes:

"The health policy mandarins — operating a network that links up Washington, major think tanks, and the big schools of public health — long ago satisfied themselves that health care and health are separate entities. And then they moved on from there to try to persuade the American people that they should actually regard themselves as being in an adversary relationship with the traditional medical enterprise."

#### **We Are Ensnared**

So, we "health care providers" find ourselves now en-

snared by the National Health Planning and Resources Development Act of 1974, and, locally, these powers have been extended by our State Legislature.

Forced into a defensive position by the assumptions of the national planners, and stung by the rhetoric and claims of these challengers, physicians have nevertheless tried to participate actively in the process of seeking solutions for the nation's health care problems.

Now, the bureaucratic process is foundering. The required wider community involvement and sharing has never been realized. Even more dangerous, self-anointed prophets are moving in, seeking greater control over this planning process and working to expand the powers of regulation.

It is on this final point that we in medical care share a common challenge with scientists of today. Forced into adversary stances, overshadowed and dominated by government bureaucracy, we often find it difficult to participate actively in the processes of working to improve our performances and contributions.

Somehow, our community must recapture the sense of trust and mutual respect, each for the other. Greater acceptance and tolerance for the opinions of others, and a diminution of suspicions of the motives of others would help.

Only then, can we gain a sense of working for the common good for society. As in most human endeavors, only time and the fruits of our labor will reveal the ultimate truth of the matter.

## Is your patient really ready to return to work?

Innovative **Work Simulation** exercise programs for patients afraid, unsure, or not quite able to return to work.

Objective tests help to analyze actual physical capabilities under simulated work conditions.

**Back School** also in session. Obstacle course, biomechanics, stress awareness, weight control and exercise. Group and one to one.



# C.H.A.R.T.

Comprehensive Health And Rehabilitation Training

Rowlin L. Lichter, M.D. *Medical Director*

1314 South King Street, Suite 750  
Honolulu, Hawaii 96814, Telephone 523-1674

## **The United States Air Force Medical Corps**

is currently accepting applications  
for the following specialties:

**General Surgery  
Orthopedic Surgery  
Otorhinolaryngology  
Neurosurgery  
Rheumatology  
Ophthalmology  
Psychiatry  
Urology  
Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.



A great way of life.

---

# Proceedings of The House of Delegates

---



---

## 125th Annual Meeting October 12-16, 1981

---

---

### Awards

#### Medical Reporting Awards

Commercial Newspapers and Magazines — Jeanne Ambrose (Honolulu Star-Bulletin)  
Television — Lynne Waters (KITV-TV News)  
Institutional Newspapers and Magazines — Tabby Choy ("Ka Leo O Na Kokua" St. Francis Hospital)  
Non-professional, School Newspaper, and Magazines — Alison Ueoka (Castle High School)

**A. H. Robins Award** — (1981 Physician Award for Community Service) — Richard O. Lundborg, M.D.

#### Sportsmen's Awards

##### Golf:

President's Trophy (Low Net) — Robert H. Oishi, M.D.  
Robert Miyamoto Perpetual Trophy (Low Net) — Robert H. Oishi, M.D.  
John Felix Perpetual Trophy (Low Gross) — Michael Okihira, M.D.  
George Mills Perpetual Trophy for Pharmaceutical Representatives (Low Net) — David Arakaki

##### Tennis:

Singles: Gerard Dericks, M.D.  
Doubles: Benjamin Chang, M.D. and Gerard Dericks, M.D.

---

# Index to the 1982 Proceedings of the House of Delegates

## Special Reports

County Society Reports		Additional Reports	
Hawaii .....	21	AMA Delegates .....	28
Honolulu .....	21	A & T Inc. ....	36
Kauai .....	21	Business/Medicine Coalition .....	22
Maui .....	20	Executive Director .....	32
Officers		HAMPAC .....	36
President .....	33	H.M.A. Auxiliary .....	29
Secretary .....	35	Hawaii Foundation for Medical Care .....	33
Treasurer and Finance .....	35	Hawaii Health Institute .....	29
Appointees		Medical, Ethical, Moral and Legal Concerns ....	21
Legal Counsel .....	33	Special Program Arrangements .....	19
		Substance Abuse/Pharmacy .....	27
		Tel-Med .....	23

## Commission Reports

Cancer .....	28	Medical Services .....	26
Health Service and Care .....	29	Peer Review & Medical Education .....	19
Internal Affairs .....	18	Public Health .....	27
Interprofessional and Public Affairs .....	22		

## Committee Reports

Ad Hoc Committee on Medical		Insurance .....	26
Malpractice Insurance Law .....	21	Jail Health .....	29
Alternate Health Care Practices .....	20	Legislation .....	19
Arrangements .....	18	Maternal and Perinatal Mortality Study .....	20
Building .....	30	Media Response .....	22
Bureau of Research and Planning .....	31	Medical Malpractice .....	21
Bylaws .....	18	Medicaid .....	26
Cancer .....	27	Membership Benefits .....	22
Chronic Illness .....	27	Negotiating .....	26
Communicable Disease .....	27	Nominating .....	36
Community Health Care .....	29	Pension Committee .....	36
Community Research Bureau .....	36	Publications .....	23
Continuing Medical Education .....	20	Public Affairs .....	23
Crippled Children .....	27	Scientific Program .....	20
Disaster .....	29	School Health .....	27
Election .....	36	Sports Medicine .....	27
Emergency Medical Services .....	31	Tel-Med .....	23
Fee Survey .....	26	TV-Radio .....	23
Health Care Costs .....	29	Worker's Compensation .....	26
Health Manpower .....	29		

## Resolutions

No. 1—Capital Fund .....	31	No. 7—CPT-IV .....	26
No. 2—Opposing the Proliferation of Nuclear Weaponry .....	27	No. 8—Special Membership Category for Dept. of Health Physicians .....	36
No. 3—Physicians Involvement in Nuclear War .....	28	No. 9—Bylaws Changes-Speaker of the House .....	22
No. 4—Guidelines for Component Medical Societies .....	18	No. 10—Nominating Committee Requirements .....	22
No. 5—Bylaw Changes .....	19	No. 11—Election of Nominating Committee ....	22
No. 6—Requirements for Mandatory CME for Membership in the HMA .....	22	No. 12—American Society of Internal Medicine White Paper .....	28



# HAWAII MEDICAL ASSOCIATION

## Committee Structure for 1981

### Commissions

Medical Education .....	George Schnack
Internal Affairs .....	K. Y. Lum
Peer Review .....	George Schnack
Public Health .....	James Lumeng
Interprofessional & Public Affairs .....	Philip McNamee
Health Service & Care .....	Donald Char
Medical Services .....	Thomas Cahill
Legislation .....	George Goto
Cancer .....	Drake Will

### Alternative Health Care Practices

Nadine Bruce, Chairman  
 Harry L. Arnold, Jr.  
 Carl Boyer  
 Frank Ceccarelli  
 Bruce Chrisman  
 Philip Corboy  
 Kleona Rigney  
 George Schnack  
 Walter K.W. Young

Thomas Hall  
 Philip Hellreich  
 M. Ward Hinds  
 Reginald Ho  
 Azucena Ignacio  
 Robert Jim  
 Elmer Johnson  
 John Kim  
 Laurence Kolonel  
 Thomas Lau  
 Kevin Loh  
 Charles Miller  
 Noboru Oishi  
 Young Paik  
 Walter Quisenberry  
 Niranjan Rajdev  
 Kleona Rigney  
 John Spangler  
 Robert Wilkinson  
 Manas Ghosh (Hawaii)  
 James Williams (Hawaii)  
 Clifford Moran (Maui)  
 Jose Romero (Maui)  
 John Withers (Maui)

J.C. Lewin (Maui)  
 Helen Percy (Maui)

### Crippled Children Committee

D. Venudhar Reddy, Chairman  
 James Lumeng, Commissioner  
 Stanford Au  
 Andre Choan  
 Kennel Chun  
 Stanley Chung  
 Y. Edward Hsia  
 Katsuji Kubo  
 Ivar Larsen  
 Frank Lu  
 Thomas Owens  
 Jordan Popper  
 Pauline Stitt  
 Ramon Sy  
 Thomas Walinski  
 Reginald Carvalho (Hawaii)  
 Katok Chuang (Kauai)  
 Denis Fu (Maui)

### Arrangements

K. Y. Lum, Chairman  
 Rodrigo Bristol  
 Gerard Dericks  
 Virgil Jobe  
 Edward Kagihara  
 Gordon Somekawa  
 John Spangler  
 Neal E. Winn  
 Henry Yokoyama

### Bureau of Research and Planning

Calvin C.J. Sia, Chairman (1983)  
 Herbert Chinn (1981)  
 William H. Hindle (1981)  
 Winfred Y. Lee (1981)  
 Sakae Uehara (1981)  
 Ann B. Catts (1982)  
 John Kim (1982)  
 George H. Mills (1982)  
 Henry Oyama (1982)  
 Douglas B. Bell, II (1983)  
 Calvin Kam (1983)  
 Walter Quisenberry (1983)  
 John Wellington (1983)

### Bylaws

Gladys C. Fryer, Chairman  
 K. Y. Lum, Commissioner  
 Harry L. Arnold, Jr.  
 Sigdian Lim  
 Eugene Magnier  
 Meredith Pang

### Cancer Commission

Drake Will, Chairman (1982)  
 Carl Boyer (1982)  
 Thomas Burch, Ex-officio  
 John Chalmers (1982)  
 Reuben Guerrero (1981)  
 Thomas Hall (1981)  
 Reginald Ho (1981)  
 John P. Keenan (1983)  
 Verne Waite (1981)

### Cancer Committee

John P. Keenan, Chairman  
 James Lumeng, Commissioner  
 Grover Batten  
 Richard Blaisdell  
 Carl Boyer  
 Vincent Brown  
 Thomas Burch  
 Ann B. Catts  
 Claude Caver  
 Nathaniel Ching  
 Herbert Cohen  
 Paul DeMarc  
 Nancy Edwards  
 Fortunato Elizaga  
 Norman Goldstein  
 Reuben Guerrero

### Chronic Illness

Walter K. Y. Chang, Chairman  
 James Lumeng, Commissioner  
 Clagett Beck  
 Jose DeLeon  
 Thomas Hall  
 Martha Hefley  
 Willard Miyahara  
 James Musgrave  
 Shozo Ogawa  
 Walter Quisenberry  
 Kleona Rigney  
 Adela Sanidad  
 Verne Waite  
 Stephen Wallach  
 A. Scott Miles (Hawaii)  
 R. P. Wiperman (Hawaii)  
 Peter Kim (Kauai)  
 Burt Wade (Kauai)

### Communicable Disease

Francis D. Pien, Chairman  
 James Lumeng, Commissioner  
 Mona Bomgaars, Ex-officio  
 Robert Clingan  
 Herbert Cohen  
 Amelia Jacang  
 John Peyton  
 Katok Chuang (Kauai)  
 Denis Fu (Maui)

### Community Health Care

Robert Kistner, Chairman  
 Donald Char, Commissioner  
 Carl Boyer  
 Thomas Cahill  
 Kennel Chun  
 Gary Globber  
 John Kim  
 James Lumeng  
 Paul McCallin  
 John Ohtani  
 James Penoff  
 Calvin C.J. Sia  
 John Wellington  
 Rodney West  
 Andrew Sackett (Hawaii)  
 Katok Chuang (Kauai)

### Disaster Committee

Edmund Lum, Chairman  
 Francis Au  
 Joseline Brestle  
 Donald Char  
 David Eith  
 Leonard Howard  
 Casimer Jasinski  
 Robert Lindberg  
 James Matayoshi  
 Michael McCabe  
 Deborah Putnam  
 Ulrich Stams  
 Andrew Sackett (Hawaii)  
 Robert Overlock (Kauai)  
 Burt Wade (Kauai)

### Fee Survey

Kennel Chun, Chairman  
 Thomas Cahill, Commissioner  
 Elenita Alvarez-Pacapo  
 Manuel Ang  
 Frank Ceccarelli  
 John Corboy  
 Raymond deHay  
 Gunther Huntz  
 Allan Izumi  
 David Kimura  
 Myron Lezak  
 Carl Lum  
 Eugene Magnier  
 Eugene Matsuyama  
 Roy Niimi  
 Maurice Nicholson  
 L.Q. Pang  
 E. Lee Simmons  
 Antonio Tan  
 Hamilton Winston  
 Dan Yoshioka  
 Walter K. W. Young

### Finance

William H. Hindle, Chairman  
 Albert Chun-Hoon  
 Bernard Fong  
 Doris Jasinski  
 Elmer Johnson  
 James Lumeng (County Treasurer)  
 Ronald Peroff  
 Ben Hur (Hawaii)  
 Paul Esaki (Kauai)  
 Glenn Haines (Maui)

## Health Care Costs

Vincent Aoki, Chairman  
Donald Char, Commissioner  
Thomas Cahill  
Albert Chun-Hoon  
Raymond deHay  
Nancy Edwards  
Charles Judd  
Calvin Kam  
James Lumeng  
Paul McCallin  
George H. Mills  
Roy Niimi  
Dan Yoshioka  
Timothy Oldfather (Hawaii)  
Katok Chuang (Kauai)

## Health Manpower

George Bolian, Chairman  
Donald Char, Commissioner  
Richard Blaisdell  
Thomas Cahill  
Ann Catts  
Hing Chun  
Gary Edwards  
Sherrel Hammar  
Charles Judd  
John Kim  
Roy Kuboyama  
Kevin Loh  
K. Y. Lum  
George H. Mills  
Alan C. Nelson  
Roy Niimi  
Noboru Oishi  
Antonio Tan  
Stephen Wallach  
John Wellington  
Donna McCleary (Maui)

## Insurance

John Kim, Chairman  
Herbert Chinn  
Raymond deHay  
John Edwards  
James Hiras  
Melvyn Kaneshiro  
Gordon Ontai  
Stanley Shimoda  
Jinichi Tokeshi  
Glenn Uto  
Livingston Wong  
Alvin Fuse  
Glenn Kokame

## Insurance, HMO/IPA Subcommittee

John Kim, Chairman  
Thomas Cahill, Commissioner  
Frank Ceccarelli  
Myron Lezak  
Walter Watt  
Calvin Sia  
Ernest Bade (Hawaii)  
Katok Chuang (Kauai)

## Insurance, Private Practice Subcommittee

Calvin C.J. Sia, Chairman

## Insurance, Self-Insurance Subcommittee

John Edwards, Chairman  
Herbert Chinn  
Albert Chun-Hoon  
William Dang  
George Ewing  
Bernard Fong  
George Goto  
Elmer Johnson  
R. Bruce Joseph  
Gabriel Ma  
Maurice Nicholson  
L.Q. Pang  
Alexander Roth  
Calvin C.J. Sia  
Robert Simmons  
Neal E. Winn  
Sakae Uehara (Maui)

## Legislation

Douglas B. Bell II, Chairman  
George Goto, Commissioner

Duane Beringer  
Stephen Berman  
Claude Caver  
Frank Ceccarelli  
Hing Chun  
Kennel Chun  
Albert Chun-Hoon  
Robert Clingan  
Herbert Cohen  
Bernice Coleman  
Richard Dang  
Gerald Hiatt  
Russell Hicks  
William H. Hindle  
Leonard Howard  
Roy Kuboyama  
Allan Kunimoto  
Myron Lezak  
K. Y. Lum  
William MacDonald  
Laurence McCarthy  
Thomas Owens  
Walter Quisenberry  
George Schnack  
E. Lee Simmons  
Roy G. Smith  
Stephen Wallach  
John Wellington  
Neal E. Winn  
Dan Yoshioka  
Ernest Bade (Hawaii)  
Russell Stodd (Maui)  
Sakae Uehara (Maui)

## Maternal and Perinatal Mortality Study

Lockwood Young, Chairman  
Robert Allin  
Elenita Alvarez-Pacpaco  
Kenneth Ash  
Mario Bautista  
Ronald Berman  
Rodney Boychuk  
Thomas Burch  
Alan Chang  
David Easa  
Gary Fujimoto  
George Goto  
Kenneth Herrmann  
William H. Hindle  
Clayton Honbo  
Leonard Howard  
Y. Edward Hsia  
Henry Ichihio  
Gordon Ing  
Michael Light  
Paul McCallin  
William McKenzie  
Richard Mitsunaga  
Carl Morton  
Herbert Nakata  
Shigeo Natori  
Kenneth Ng  
Roy Niimi  
John Ohtani  
Gordon Ontai  
Thomas Oshiro  
Kathleen Poon  
D. Venudhar Reddy  
James Rawlings  
John Read  
Richard Sakimoto  
George Shimomura  
Roy Smith  
John Spangler  
Elbert Tomai  
Herbert Uemura  
James Wong  
Franklin Young  
Joseph Young  
James Phillips (Hawaii)  
Robert Aikman (Hawaii)  
Patrick Au (Kauai)  
Katok Chuang (Kauai)  
Denis Fu (Maui)

## Medicaid/Medicare

E. Lee Simmons, Chairman  
Thomas Cahill, Commissioner  
Douglas B. Bell II  
Ann B. Catts  
Kennel Chun

Ron Peroff  
Bernard Scherman

## Medical, Ethical, Moral, and Legal Concerns

Ann B. Catts, Chairman  
Robert Bjornson  
Anna Maria Brault  
Paul DeMare  
Fortunato Elizaga  
Gladys Fryer  
William Goebert  
Charles Judd  
Herbert Nakata  
Jordan Popper  
Arnold Siemsen  
Raymond Taniguchi  
Brian Yano  
Thomas Whelan

## Medical Education

Bal Raj Mehta, Chairman  
George Schnack, Commissioner  
Elenita Alvarez-Pacpaco  
Thomas Au  
Norberto Baysa  
Nadine Bruce  
Ann B. Catts  
Donald Char  
Jeanette Chang  
Ralph Hale  
Russell Hicks  
Edgar Ho  
Azucena Ignacio  
Gordon Ing  
John Kim  
Roy Kuboyama  
Ivar Larsen  
Sigdian Lim  
James Orbison  
Young Paik  
Ramon Sy  
Siang Yong Tan  
Benjamin Tom  
John Watson  
Thomas Whelan  
Manas Ghosh (Hawaii)  
Robert Schmidt (Kauai)  
Glenn Yoneda (Kauai)  
Jose Romero (Maui)  
Neal E. Winn, Ex-officio  
Lynn Rayner, Ex-officio

## Medical Malpractice Law, ad hoc

Philip Hellreich, Chairman  
Duane Beringer  
Thomas Cahill  
Claude Caver  
Frank Ceccarelli  
Chfford Chock  
Albert Chun-Hoon  
Worldster Lee  
Ernie Yim

## Membership Benefits

Philip McNamee, Chairman  
and Commissioner  
Nancy Edwards  
Robert Flair  
James Lumeng  
Thomas Owens  
Alexander Roth  
Myron Shurasu  
Stephen Wallach  
Patrick Walsh  
John Wellington  
Neal E. Winn

## Negotiating

Bernard Scherman, Chairman

## Nominating

William Dang, Chairman  
Douglas B. Bell II  
Henry Fong  
James Lumeng  
Patrick Walsh  
Arch Wigle (Hawaii)  
Yonemichi Miyashiro (Kauai)  
Denis Fu (Maui)



**Peer Review**

John Edwards, Chairman  
George Schnack, Commissioner  
Elenita Alvarez-Pacpaco  
Manuel Ang  
Claude Caver  
Frank Ceccarelli  
Walter Y.M. Chang  
Clifford Chock  
Robert Clingan  
Fortunato Elizaga  
Alan Hawk  
Malcolm Ing  
Calvin Kam  
Richard Korsak  
James Lumeng  
Roy Niimi  
Ronald Peroff  
Walton Shim  
Ramon Sy  
Antonio Tan  
Benjamin Tom  
Dan Yoshioka  
Ernest Bade (Hawaii)  
Peter Kim (Kauai)  
Donna McCleary (Maui)

**Public Affairs**

Charlotte Florine, Chairman  
Norman Goldstein  
Gerald Hiatt  
William Holmes  
Virgil Jobe  
Bruce Luke  
Philip McNamee  
E. Don Parsa  
Stephen Wallach  
Henry Yokoyama

**Public Education**

Virgil Jobe, Chairman

**Publications**

Doris Jasinski, Chairman  
Harry L. Arnold Jr.  
John Corhoy  
Francis Fukunaga  
James Lumeng

Philip McNamee  
Bal Raj Mehta  
Siang Yong Tan  
Henry Yokoyama

**Hawaii Medical Journal**

Editorial Board Members:  
Norman Goldstein  
Ralph Hale  
Thomas Hall  
Robert Jim  
Francis Pien  
J. I. Frederick Reppun  
Dorothy Shepard (Aux.)  
Thomas Whelan

**School Health**

Ann Barbara Yee, Chairman  
James Lumeng, Commissioner  
Norberto Baysa  
William Buchanan  
Donald Char  
L. T. Chun  
Michael Hase  
Russell Hicks  
Amelia Jacang  
Roy Kuboyama  
John Peyton  
D. Venudhar Reddy  
Calvin C. J. Sia  
Pauline Stitt  
Roland Tam  
Carolina Wong  
David Wood

**Scientific Program**

Ralph Hale, Chairman

**Sports Medicine**

Russell Hicks, Chairman  
James Lumeng, Commissioner  
James Bennett  
Kent Davenport  
Ralph Hale  
Virgil Jobe  
David Kimura  
Albert Kong

Gerald Mayfield  
George H. Mills  
William McKenzie  
Ichiro Nakamoto  
Thomas Owens  
Patrick Walsh  
Ernie Yim  
James Young  
Pete Okumoto (Hawaii)  
Robert Overlock (Hawaii)  
C. E. Probst Jr. (Maui)

**Substance Abuse Pharmacy**

Russell Hicks, Chairman  
James Lumeng, Commissioner  
Duane Beringer  
John Chalmers  
Bernice Coleman  
Edwin Curphey  
Gladys Fryer  
Lawrence Lau  
Gary Rinzler  
Walter Watt  
David Wood  
Robert Overlock (Hawaii)  
Robert Bjornson (Maui)  
Edward Underwood (Maui)

**TV-Radio Committee**

John Corboy, Chairman  
Philip McNamee, Commissioner  
Nancy Edwards  
Gunter Hintz  
Malcolm Ing  
John P. Keenan  
Sigdian Lim  
Michael McCabe  
Robert Schulz  
Stephen Wallach

**Workers Compensation**

Robert Clingan, Chairman  
Edward Chesne  
Raymond Duscendschon  
Virgil Jobe  
Ivar Larsen  
L. Q. Pang  
Bernard Scherman  
Edward Underwood (Maui)

**PROCEEDINGS OF  
THE HOUSE OF DELEGATES  
125th Annual Meeting  
of the  
Hawaii Medical Association**

The first session of the House of Delegates was called to order by President Neal E. Winn on Monday, October 12, 1981, at 1:40 p.m., in the Bora Bora Room of the Ilikai Hotel. Dr. Ann B. Catts, president-elect, called the roll. Present were: Drs. Neal E. Winn, Ann B. Catts, Douglas B. Bell II, Henry H. C. Fong, Ernest L. Bade, Eugene C. Wasson III, Mark A. Wentworth, Albert Chun-Hoon, James Lumeng, Andrew Morgan, Myron Shirasu, Nadine C. Bruce, Thomas G. Cahill, Bernard Fong, E. Lee Simmons, Arch Wigle, Denis Fu, John Newman, Herhert Y.H. Chinn, George H. Mills, Samuel D. Allison, William Dang, George Goto, Marion L. Hanlon, Calvin C.J. Sia, and Samuel Yee. Delegates from county societies included: Honolulu—Alan Nelsen, Vincent Aoki, Murray Berger, Filbert Yamamoto, Benjamin Chang, Manuel Ang, Doris Jasinski, Melvyn Kaneshiro, Carl Lehman, Calvin Kam, James Orbison, Nathaniel Ching, Russell Hicks, I. William Shiraki, Roy Niimi, James Harrison, Richard Tesoro, Herbert Uemura (Parliamentarian), Stephen Wallach, and Dan Yoshioka; Maui—William James, Russ Stodd, Donna McCleary; Hawaii—Ruben Casile, Ben Hur, and Ed Helms.

Dr. Herbert Uemura was appointed to serve as parliamentarian for the meeting. Drs. Mark Wentworth and Andrew Morgan were appointed sergeants at arms.

The minutes of the 124th Annual Meeting as published in the December 1980 issue of the Hawaii Medical Journal were approved.

The minutes of the Special Session of the House of Delegates held May 2, 1981 as published in the 1981 Delegates Handbook were approved.

Dr. Winn introduced special guests: Dr. Conrad Anderson, Alternate Delegate to AMA from California, Past President of his County Society, and a Director of MIEC based in California, Mr. Bud Wright, Representative from AMA, Chicago; Mrs. Gwen Fu, president of the HMA Auxiliary; and Mr. Thomas Rice, Legal Counsel to HMA.

A letter submitted to HMA concerning two Resolutions being referred to the House of Delegates was reviewed at this time. These Resolutions contained signatures of non-HMA members. It was felt that it was inappropriate for non-members to sign any resolutions.

**ACTION: It was moved, seconded, and passed that Resolution signatures be limited only to members of HMA.**

Permission was granted by the House for Dr. Winn to introduce the report of the Nominating Committee (Delegates Handbook, page 16). The Delegates agreed that nominations from the floor would be taken at this session. The following were nominated in addition to those already nominated: President-Elect, Dr. Neal E. Winn; Councilors from Honolulu, Drs. Philip Hellreich, Stephen Wallach, and James Lumeng. Dr. Winn withdrew his name from the slate for Delegate to

HMA. Further nominees also will be taken from the floor at the second session of the House of Delegates, Wednesday, October 14, 1981. Ballots will be distributed at that time.

The reports of the President, Secretary, Treasurer, component societies, committees, and commissions were included in the delegates handbook and referred as indicated. The resolutions were also assigned to reference committees.

Dr. Winn recommended to the Reference Committees that those reports that do not require any discussion or testimony be considered together in one report as a "Consent Calendar." Reference Committees were appointed as follows: Miscellaneous Business—Henry Fong (Chairman), Carl Lehman, William Shiraki, Stephen Wallach, and Mark Wentworth; Public Health and Education—Arch Wigle (Chairman), Vincent Aoki, James Lumeng, E. Lee Simmons, and Richard Tesoro; Finance and Administration—Bernard Fong (Chairman), Ernest Bade, Thomas Cahill, Dennis Fu, and Douglas Bell.

The reference committees were in session October 12, 1981, beginning at 2:00 p.m.

\*\*\*

The second session of the House of Delegates was called to order on Wednesday, October 14, 1981, at 1:30 p.m. Also present were: Drs. K.Y. Lum, William Hindle, Winfred Lee, and O.D. Pinkerton. Delegates also present were: Honolulu—Roy Adaniya, Thomas

## Bylaws

**ACTION: Approved Bylaw amendment 3.07. Not approved were proposed amendments to 4.011, and 5.015. Section 8.06 was referred back to the Bylaws Committee for clarification regarding definition of waiver of dues, equal authority to the HMA Council and HMA President to appoint non-members to committees or commissions, the voting rights of non-members and whether or not non-members could be appointed to standing or ad hoc committees. Approved 9.013.**

The Bylaws Committee met on two occasions in 1981. The first meeting was held to prepare proposed amendments, as requested by the HMA Council, regarding: (1) additional component societies, and (2) voluntary AMA membership. At the May 2, 1981, Special Meeting of the HMA House of Delegates, the following bylaws amendments were adopted:

Re: *Establishment of Component Societies*

### HOUSE ACTION:

**Adopted amendments 2.01 and 2.085, by vote of 39 (in favor) to 16 (against), as follows:**

- a. Amend Section 2.01 as follows: "Every member in good standing of a component society of this Association shall be a member of this Association, either as an active, special, or service member, and MAY BE A MEMBER OF the American Medical Association. Membership in the Hawaii Medical Association or in any of its component societies shall not be denied or abridged on account of color, creed, race, religion, sex, CITIZENSHIP, or ethnic origin."
- b. Editorial change in Section 2.085: "All members of the Association shall MAY be either active or special members of the American Medical Association. The Secretary of this Association shall certify the members for enrollment in the American Medical Association."

Re: *Voluntary AMA Membership*

### HOUSE ACTION:

**Adopted amendment 1.03, by vote of 54 (in favor) to 1 (against), as follows:**

- a. Delete existing Section 1.03:  
"Only one component medical society shall be chartered in any one county of the State."
- b. Add new Section 1.03: "ANY CONTIGUOUS URBAN OR RURAL AREA IN ANY ONE COUNTY OF THE STATE MAY MAKE APPLICATION TO THE HMA HOUSE OF DELEGATES TO FORM A COMPONENT MEDICAL SOCIETY. APPROVAL OF SUCH APPLICATION MAY BE MADE BY THE HMA HOUSE OF DELEGATES BASED UPON GUIDELINES ESTABLISHED, FROM TIME TO TIME, BY THE HMA HOUSE OF DELEGATES."

At the second meeting, the Committee drafted amendments requested by the Executive Committee. The proposed changes were subsequently reviewed and amended by Council for circulation to the membership, 60 days in advance of the 1981 Annual Meeting of the House. The Committee respectfully submits the following as proposed amendments to the bylaws: (Note: Additions are capitalized; deletions are lined through)

## Reference Committee on Miscellaneous Business

### Commission on Internal Affairs

**ACTION: Filed**

The Commission on Internal Affairs includes the Arrangements Committee, the Bylaws Committee,

and the Social Program Committee. The reports of these committees are printed below.

K. Y. LUM, M.D.

*Commissioner*

## Arrangements

**ACTION: Approved, with the recommendation that the 1982 Annual Meeting be held the week of October 11, 1982.**

Members of the Committee met several times during the year to plan the 125th HMA Annual Scientific Meeting to be held at the Ilikai Hotel, October 12-16, 1981, in conjunction with the AMA Clinical Update Meeting. The AMA Council on Continuing Physician Education is presenting the scientific program in cooperation with the University of Hawaii School of Medicine. In addition a symposium on Melanoma and Skin Cancer has been scheduled for Monday evening, October 12, from 7-9:30 p.m.

Exhibitors booths will again be open on Monday, Tuesday, and Wednesday mornings from 7:30-12 noon, and during the HMA Hospitality Reception Monday evening from 5-7 in the Pacific Ballroom. Exhibitors will be on hand to provide information and answer questions about their products or displays.

A racquet ball tournament was added this year to the usual sports tournaments which included a combined skin diving and fishing tournament, a table tennis tournament, a tennis tournament and a golf tournament held this year at the Navy-Marine Golf Course. Winners of the various sports tournaments will receive their awards at the annual Sportsmen's Night Party at the Hale Koa Hotel.

To celebrate its 125th Anniversary, the Hawaii Medical Association has planned a number of special events to commemorate this occasion and one of them is the 125th Annual Banquet and Birthday Celebration on Friday evening, October 16, in the Pacific Ballroom. A circus theme has been planned for the evening's fun and entertainment.

The HMA House of Delegates will convene on Monday afternoon at 1:30 p.m. followed by the Reference Committee hearings. On Wednesday afternoon the House of Delegates will reconvene at 1:30 p.m. to receive the reports of the Reference Committees and conduct the annual election of officers and other elected positions.

No date has been set for the HMA Annual Meeting in 1982 and it is recommended that the time and date for this meeting be discussed and set at the House of Delegates meeting in October.

I would like to thank the members of this Committee for their assistance in planning and coordinating the various events and tournaments held in conjunction with the Annual Meeting.

K. Y. LUM, M.D.

*Chairman*

*Arrangements Committee*

### Sect. Amendment

3.00 OFFICERS, COUNCILORS, AND HOUSE OF DELEGATES

3.07 Add: THE PRESIDENT, PRESIDENT-ELECT, SECRETARY, TREASURER, AND EXECUTIVE DIRECTOR SHALL BE BONDED.

4.00 HOUSE OF DELEGATES

4.011 The House of Delegates shall consist of: (1) delegates or their alternates elected by the membership of the component societies in the ratio of one delegate and one alternate delegate for every twenty-five active members and one for each fraction thereof, except that each county society shall have at least one elected delegate, (2) the President, the President-elect, the Secretary, the Treasurer elected by the House of Delegates as hereinabove provided, (3) the immediate Past President, (4) the president of each county society, (5) the councilors, AND (6) the Association's delegate(s) and alternate delegate(s) to the American Medical Association, and (7) all living past presidents of the Association who are members in good standing. ALL PAST PRESIDENTS, WHO ARE MEMBERS IN GOOD STANDING, SHALL HAVE THE PRIVILEGE OF THE FLOOR WITHOUT A VOTE.

## 5.00 THE COUNCIL

5.015 The Council shall consist of the councilors, the President, the immediate Past President, the President-elect, the Secretary, the Treasurer, and the Association's delegate(s) and alternate delegate(s) to the American Medical Association, and the presidents of each of the component societies. If a vacancy occurs among the councilors after the annual election, the president of the component medical society may appoint a member of good standing in his component medical society to fill the unexpired term.

Any member of the Hawaii Medical Association who is an elected officer of or a member of the Board of Directors TRUSTEES of American Medical Association, and all past presidents of Hawaii Medical Association who are members of Hawaii Medical Association in good standing, shall be ex officio members of the Council of the Hawaii Medical Association; provided, however, said ex officio members shall not be counted in determining the whole number of members of the Council for the purpose of determining the number of members of the Council required to be present a quorum as called for under 5.05. ALL PAST PRESIDENTS, WHO ARE MEMBERS IN GOOD STANDING, SHALL HAVE THE PRIVILEGE OF THE FLOOR WITHOUT A VOTE.

## 8.00 COMMITTEES AND COMMISSIONS

8.06 Only Active or dues-paying special members of the Hawaii Medical Association may serve as voting members of any of its committees or commissions. Waiver of dues constitutes payment of dues. The Council, may, at its discretion, appoint non-member physicians or lay persons as non-voting consultants to committees and commissions. THE HMA COUNCIL MAY APPOINT OR ELECT OR CAUSE TO BE APPOINTED OR ELECTED, NON-MEMBERS OF THE HMA AS VOTING OR NON-VOTING MEMBERS, BUT NOT CHAIRMAN, OF ANY HMA COMMITTEE, COMMISSION, OR BOARD AS LONG AS A MAJORITY OF THE VOTING MEMBERS OF ANY AND ALL HMA COMMITTEES, COMMISSIONS, AND BOARDS CONSISTS OF HMA MEMBERS. THE COUNCIL IN SO APPOINTING SUCH INDIVIDUALS SHALL DESIGNATE WHETHER THAT INDIVIDUAL WILL BE A VOTING OR NON-VOTING MEMBER. (per Resolution 3, adopted by 1978 House of Delegates)

## 9.00 FUNDS AND EXPENSES

9.013 The annual dues of new members shall be prorated on a quarterly basis ON A BASIS TO BE DETERMINED BY THE COUNCIL.

GLADYS G. FRYER, M.D.

*Chairman*

## Resolution No. 4

**ACTION: Adopted as amended.**

Re: Guidelines for Component Medical Societies

WHEREAS, a special House of Delegates meeting was held on May 2, 1981, and delegates approved a bylaws change which permits the formation of component medical societies, and

WHEREAS, the HMA Council voted to establish \*guidelines for the formation of component medical societies, now therefore be it

RESOLVED, that the guidelines for the formation of component medical societies be as follows:

1. The existing county society covering areas making application formally recommends approval, if not approved the petitioned county may appeal to HMA.

2. New Society formed shall be of a size to be able to manage and shall assume the financial responsibilities of a component society.

3. Should a component society fail to abide by the bylaws of the HMA, or become financially non-viable, the House Delegates by a 2/3 vote has the authority to put that component society on probation for one year. If the situation is unresolved, dissolution of that component society by a 2/3 vote of the House of Delegates may follow.

NEAL E. WINN, M.D.



## Resolution No. 5

### ACTION: Adopted as amended.

Re: Bylaw Changes

It is strongly recommended that your reference committee on charter and bylaws and the House of Delegates seriously consider and support the following suggested amendments to the Hawaii Medical Association Bylaws

GEORGE H. MILLS, M.D.

#### Section 6.052

Members shall *not* take part in any of the proceedings of the Annual session or *special session* if they are delinquent in their dues or assessments or if they are not in good standing in their county medical society, and until they have complied with the provisions of this section.

#### Reason for Recommendation:

This section did not include *special session* and therefore delinquent members may assume incorrectly they may take part in the proceedings since the Bylaws are silent.

#### Section 9.031

A member is delinquent if his/her dues for any year are not received by the Association by April 1 of that year. *Delinquent members* shall automatically forfeit their membership in the Association if they fail to pay the delinquent dues within 30 days after the April 1, deadline. A delinquency notice will be sent on or before April 1 by the Secretary of the Association to the delinquent member's last known address, and to the Secretary of the county medical society to which the delinquent member belongs.

The same penalties . . .

#### Reason for Recommendation:

It is my impression that in 1981 delinquent members were not notified of their delinquent status until the first or second week in May. By my count after comparing the participants on May 2nd to the list of delinquent members provided us at the May 1 Council meeting, at least 4 delinquent members were allowed to participate.

## Special Program Arrangements

### ACTION: Filed

Attempts have been made to schedule a social program for some of the medical associations holding meetings in Honolulu. However, most have already been planned.

Our efforts will continue.

T.H. CHINN  
Chairman

## Legislation

### ACTION: Approved as amended

Legislation kept the Legislative Committee busy again this year. Jon Won repeated admirably as our lobbyist, and Becky Kendro superbly monitored the many health related bills as well as researched and prepared much of the testimony that the Committee presented to the legislature. That supporting cast made the Committee more effective as well as lightened its load.

This year the Committee, in cooperation with the Auxiliary, hosted a series of cocktail parties at the beginning of the session for all the legislators. These were well attended and received by the lawmakers, and the Committee felt that both groups got to know and appreciate each other better over the drinks and pupus. During the session, the Committee met weekly to evaluate bills and discuss strategy, and since then, it has met about monthly to plan for the future.

Last year's highly informative newsletter for HMA members, *Legislative Roundup*, was continued this session. Besides the Committee's expertise, the specialty societies were again asked for help in evaluating specific proposed bills, and their help was invaluable in some cases.

Some old issues, such as changes in the Optometry Practice Act and in the Chiropractic Practice Act did not surface this year, but new ones like legalization of Marijuana and Purchase of Interferon for Cancer Patients did. Some of these doubtlessly will re-

turn next year with some having new wrinkles, but new issues will also arise so the Committee must be constantly active and in contact with the profession for its opinions and input.

The major issues confronted by the Committee, our stand, and their outcome in the legislature this year were:

#### Failed to Pass:

1. SB 1730: Changes in Long Term Care Nursing Beds (Senator Saiki's bill)—supported with changes by HMA.
2. SB 523 and 524: Medical Malpractice Torts of Periodic Payments, etc.—supported by HMA.
3. HB 525: Removing Private MD's Offices from CON Requirements—supported by HMA.
4. SB 139: Requiring Free Copies of X-Rays—opposed by HMA.
5. HB 1193: Use of Current Medicaid Profiles and CPT 4—supported by HMA.
6. HB 481: Legalization of Marijuana for Certain Medical Conditions—opposed by HMA.
7. SB 251: Prohibiting MD's from Dispensing Drugs—opposed by HMA.
8. SB 1690: Elimination of SHPDA—supported one year study.
9. HB 1924: Requiring MD's and Hospitals to keep Medical Records Indefinitely—opposed by HMA.
10. SB 868: Inclusion of Well Baby Visits for First Year of Life—supported by HMA.
11. SB 422: Free Distribution of Interferon to Cancer Patients—opposed by HMA.
12. HB 1103/SD1: New Additions to Controlled Substance List and Mandatory Use of DOH Prescription Forms—opposed by HMA.
13. HB 934/SD1: Placing Nursing Home Administrators in Board of Medical Examiners—opposed by HMA.
14. Living Wills: Opposed by HMA, as issues not entirely clear.

#### Passed:

1. SB 1472: Payment of Medical Consultation Panel Members—supported by HMA.
2. HB 774: Permitting Board of Medical Examiners to Acknowledge if Adverse Peer Review Decision is on File with Board—supported by HMA.

The Committee also has been evaluating the function of the Board of Medical Examiners and proposed to introduce a bill to strengthen the functioning of that Board. Other items that the Committee feels need future evaluation are a Statewide Medical Examiners system, evaluation of Block Grants and other National health legislation, and further changes in the Medical Practice Act.

The Chairman wishes to thank all the members of the Committee for their many hours of hard work and hopes most of them will continue to serve on the Committee.

#### Budget Request:

1. Lobbyist/Legal Counsel .....	\$12,000.00
2. Dinner/Entertainment .....	1,500.00
	<hr/> \$13,500.00

#### Recommendation:

1. The Committee feels that a full-time lobbyist would help immensely in achieving a more successful legislative effect.
2. However, if a full-time lobbyist is not hired, Jon Won and Becky Kendro should continue their very effective part-time lobbying for HMA.
3. The Committee recommends introduction into the next legislative session of a bill to strengthen the function of the Board of Medical Examiners.

DOUGLAS B. BELL, II, M.D.  
Chairman

## Commission on Medical Education and Peer Review

**ACTION: Approved as amended, and that the recommendation of the Maternal and Perinatal Mortality Study Committee should be re-evaluated and input from the Neighbor Islands should be requested prior to any planning.**

This Commission was initiated this year by restructuring separate commissions of prior years into one, annexing the Scientific Program Committee, and

originating a new committee, all around the unifying concept that the principal purpose of each is the enhancement of physicians' abilities to administer to patients' needs more effectively. The committees incorporated are:

Continuing Medical Education  
Scientific Program  
Peer Review  
Maternal and Perinatal Mortality Study  
Alternate Health Care Practices

The Continuing Medical Education and the Maternal and Perinatal Mortality Study Committees have been long established with well formulated purposes and methods of procedure, which can be said essentially as correctly about the Scientific Program Committee. Under very strong leadership this year they have functioned virtually autonomously with commendable results, which can be recognized in the reports that follow. Here I should like to highlight a few items from the Continuing Medical Education Committee:

Most important, it should be noted that because of this Committee's excellent performance, the HMA has been reaccredited as an accrediting institution by the AMA for another four year period. During this year it, in turn, provisionally accredited the Hawaii Ophthalmological Society, provisionally reaccredited the Kona Hospital, each for two years, and reaccredited the Maui Memorial Hospital for four years, and accepted annual reports from the Honolulu Medical Group Research and Education Foundation and the Hawaii Heart Association. A number of individual courses were approved for Category I credit, and observers were sent to two courses with a view toward possible future acceptance. The Committee declined to follow a suggestion that it list subjects certain organizations should present on the basis that it is the responsibility of each organization to determine the needs of its own members. *The Committee remains of the same opinion as last year that CME ought to be voluntary and struck from the requirements for membership in HMA, its recommendation which was not passed by the 1980 House of Delegates. It is being submitted again.*

The Peer Review Committee met twice, each time discussing, among other issues, items referred to it by the 1980 HMA House of Delegates and by the Council. Very exhaustive discussion was held on the Delegates' request that specialty societies be authorized to set up sub-committees of the Peer Review Committee. Numerous legal and practical obstructions were revealed, and legal counsel advised the idea be tabled until the laws are interpreted in the courts, and that the known specialty societies be advised that, in his opinion, they do *not* presently enjoy the immunity extended to the county medical societies. Counsel advised that if any action is to be taken it should be to introduce Legislative amendment to the law to extend such immunity (and responsibilities) to specialty societies. The Committee recommended to the Council it drop the matter at this time, except to invite specialty societies to provide consultation for the HMA and county medical societies peer review committees in relevant cases. The Council, however, rejected the recommendation and returned the issue to the Committee for further discussion. The Council did not discuss the auxiliary concept accepted by the Committee that HMA form an investigative and disciplinary program composed of HMA members.

Ironically, Council months later under threat of discontinuation of PSRO referred for recommendation a very similar proposal, limited however, to the Medicaid Program. Under the proposal committee members from HMA would be appointed by the Medicaid Administration as Director "extensions" but serve voluntarily. *The Committee eventually recommended to Council the proposed plan be accepted on an experimental basis, and that possibility of compensation of the committee members be pursued.*

The fledgling Alternate Health Care Practices Committee was very enthusiastic and active. Actually, in a sense it is a revival of the old "Quackery Committee." A survey of all State Medical Associations indicated disillusionment due to legal and practical problems, but a survey of local health and/or consumer



oriented groups and government offices was most positive and supportive. Noting that physicians within our own HMA as well as non-physicians espouse a number of "unproven" practices, the Committee is limiting itself at this time to gathering information and undertaking an educational program for everyone interested, including ourselves. Some currently "unproven health care practice" may in future prove to be a breakthrough modality! For the others, with enough information we may be able to protect the unsuspecting, at first by education and later more aggressively. An energetic committee chairman this next year, and a few following, is very needed. *Continuation of this committee is strongly recommended, and a significant number of state medical associations desire to be kept apprised of its progress.*

#### Recommendations:

1. That continuing medical education should be voluntary and should be struck from the requirements for membership in HMA.

2. That the proposed Voluntary Medicaid Peer Review Committee be accepted on an experimental basis and that possibility of compensation of the committee members be pursued.

3. That the Alternate Health Care Practices Committee continue its functions.

GEORGE F. SCHNACK, M.D.  
Commissioner

## Continuing Medical Education Committee

The Continuing Medical Education Committee met on a monthly basis throughout the year 1981. There were some changes on the organizational level at the American Medical Association. The LCCME was dissolved and its place was taken over by ACCME.

A site survey for reaccreditation of HMA was conducted on October 14, 1980, during the HMA Annual Meeting. ACCME approved reaccreditation of HMA for a four-year period, with a resurvey due in 1985. No deficiencies were found. The Hawaii Medical Library expected to establish by Fall 1981 a computer "Apple 2" program to obtain CME Category I credits. The Committee should follow through on this program.

A reminder was sent to all HMA accredited institutions and organizations concerning the requirement of physicians use their license numbers on sign-in sheets for attendance at Category I activities. This number is the physicians individual medical license number and not the corporation license number.

The Committee sent a survey team to a monthly meeting of the Hawaii Ophthalmological Society for an evaluation of their continuing medical education programs, and recommended that provisional accreditation for two years be granted.

Resurveys were conducted for: (1) Maui Memorial Hospital which was granted reaccreditation for a period of four years with a progress report due in two years, and (2) Kona Hospital which was granted continued provisional accreditation for a period of two years with a progress report due in one year.

The following programs were accredited Category I with the Hawaii Medical Association as cosponsor:

- "What's Right with the World—A Wellness Seminar," HCMS Auxiliary.
- "Modern Concepts in Clinical Cancer Management," Community Cancer Program of Hawaii.
- "Arthritis Update," HCMS.
- "Type A Behaviour and Your Heart," Well-Being, Inc.
- "Generic Drug and Medical Care," Lederle Laboratories and the Hawaii Pharmaceutical Association.
- "Hawaii Asthma Allergy Symposium 1982," Hawaii Asthma Camp.
- "Melanoma & Skin Cancer," Cancer Center of Hawaii.

#### Recommendations:

1. That the HMA CME Committee should continue evaluation of CME programs' role in changing physicians behaviour

2. That the HMA CME Committee should carry on critical evaluation of CME applications to see that the programs planned are of good quality and are relevant to improving the patients quality of care.

3. ACCME has recommended that the well run institutional program may be given 6 years approval

instead of the present four years. The CME Committee should look into this, as this will lessen the work of the Committee.

BAL RAJ MEHTA, M.D.  
Chairman

## Peer Review Committee

The Peer Review Committee met twice this year and reviewed several issues one presented to it by the 1980 House of Delegates and two other issues which were referred to it by the Council. The first issue involved the possibility of creating specialty society subcommittees under the umbrella of the HMA's peer review committee (1980 Resolution No. 3). The 1980 House of Delegates requested that this committee study this proposal and report back to Council. Our conclusion was that it would be extremely difficult to provide that these specialty society committees come under the umbrella of HMA. We recommended that HMA not pursue this issue at this time unless further information is received and until the statutes have been tested in courts or resolved by the legislative process. The committee further recommended that the peer review committees of both the HMA and HCMCS obtain consultants from specialty societies to all of the appropriate peer review subcommittees. The Council, at its March 6, 1981, meeting, referred this matter back to this committee for further study.

The future of Pacific PSRO was discussed with Mr. Andrew Saranchock, Executive Director, who reported that the Federal Government had given notice to close down PSRO operations in Hawaii by September 30, 1981. After hearing that PacPSRO had appealed the Federal directive, and that an extension is possible, the committee decided not to take any action at this time until a response to the appeal for an extension is received.

A proposal to establish a voluntary Medicaid peer review committee was reviewed. Its purpose is to actively involve practicing physicians, nominated by HMA and appointed by the State Medicaid administration, to promote compliance and quality of care among physicians serving patients under the Medicaid program. The committee approved the proposal as experimental but to encourage the possibility of compensation.

#### Recommendations:

1. That the HMA Peer Review Committee continue its current activities.

2. That the chairman of the HMA Peer Review Committee serve as an ex-officio member of the peer review committees of the HCMS.

JOHN W. EDWARDS, JR., M.D.  
Chairman

## Maternal and Perinatal Mortality Study Committee

The subcommittee (Steering) and main committee met monthly for a total of two meetings a month. A total of 43 cases were reviewed by the Steering Committee and 15 reported to the main committee. There were two maternal deaths.

The main committee was accredited for continuing medical education Category I by the HMA/CME Committee on an hour-for-hour basis for the monthly evening meetings for a period of one year. A report from the Committee must be submitted to the SME Committee by the end of the accredited year.

The Committee reaffirmed its educational purpose, rather than punitive action, and because this is the only review committee at the State level with this function, continued evaluation of all cases, even though there may be some duplication was felt necessary.

#### Recommendation:

1. That funding be made available for four committee members to make a trip to the neighbor islands, Hilo/Kona, Lihue, and Wailuku during the next year for purposes of education ..... \$1,650.00

LOCKWOOD YOUNG, M.D.  
Chairman

## Scientific Program Committee

Because of administrative changes at AMA, this is the last year that AMA Clinical Update Meeting is being held in conjunction with the HMA Annual

Meeting. As AMA/HMA liaison person for the clinical meeting, six 5-hour courses were scheduled every day from October 12 through 16 at the Ilikai Hotel. Faculty was selected with cooperation from the department heads at the University of Hawaii John A. Burns School of Medicine. All scientific course expenses were covered by the AMA Division of Continuing Medical Studies. This is the division that AMA is phasing out.

In view of HMA's past experiences with five or six scientific courses scheduled every day during the entire week, it is thought that a smaller meeting with fewer courses being presented simultaneously would attract a larger attendance in each course and also would prove to be less costly an undertaking.

#### Recommendations:

1. That the entire format of the HMA scientific meetings be reviewed and changed with emphasis on a) needs assessment of continuing medical education for physicians in Hawaii, and b) cost effectiveness for the Hawaii Medical Association.

2. That plans for the 1982 meeting start immediately.

RALPH W. HALE, M.D.  
Chairman

## Alternate Health Care Practices Committee

The Alternate Health Care Practices Committee is a new committee formed this past year for the purpose of addressing the issues of scientifically unproven health care practices in our State. Our meetings were spent organizing committee functions and determining the direction we wish to take. The committee wrote to all state medical associations requesting information about their alternate health care practices committees or experiences their organizations had with the unproven health care practices in their communities. The committee also met with local organizations such as the Office of Consumer Protection and Better Business Bureau to see what their functions and area of concern might be.

In addressing the potential problem of alternate health care practices, the committee wishes to remain as objective as possible. We are taking the position that unproven health care practices are used in our community by both physicians and non-physicians, that some of these practices under the test of research may prove to be valuable additions to the traditional practices of physicians, while others are at best useless. The committee has chosen as our format an educational approach to help physicians and the community as a whole become more aware of the unproven health care practices available locally so that they may be better informed about the potential benefits and risks of these modalities.

Over the next year the committee will begin to develop educational brochures on various unproved health care practices. Our first topics will be the subjects of DMSO, colonic irrigation, hair analysis, and chiropractic services. The committee will also make itself available to help the HMA and County Medical Associations' Peer Review Committees investigate any complaints against member physicians using unproven health care modalities. We will maintain a liaison with the organizations locally such as the Office of Consumer Protection which deal with problems in alternate health care practices and act as consultants when needed.

NADINE C. BRUCE, M.D.  
Chairman

## COUNTY SOCIETY REPORTS

### Maui County Medical Society ACTION: Filed

Another year has passed, our first since completing the process of incorporating the Medical Society late in 1980. General membership meetings have continued on the third Tuesday of each month with many informative and entertaining evenings on subjects of professional, social and economic interest.

We are proud to have increased our active membership roster to 78 (with more in process) from last year's year end total of 64. In addition to emphasizing increased support for our County Society, there has



been a strong effort made to boost membership and involvement in the HMA and AMA.

I have enjoyed the opportunity to serve as the County president and want to thank Dr. Michael Savona, Vice-President, and Dr. Glenn Haines, Secretary/Treasurer, for their assistance. Special thanks go to our very active and productive Auxiliary led by Mrs. Edith Don. Thank you also to the Board of Governors, committee members, and particularly to our tireless Administrative Assistant, Mrs. Judith Kitagawa, for her continuing dedicated service.

As this year draws to a close, we look forward to our annual party in December and another eventful and prosperous year.

EUGENE C. WASSON, III, M.D.  
*President*

## Hawaii County Medical Society

### ACTION: Approved as amended

Hawaii County Medical Society (HCMS) returned to a format of monthly meetings with the medical auxiliary invited to all meetings. Speakers and topics were selected for more general interest, rather than limiting the subject to clinical or medical matters. It was felt that CME efforts within the hospitals were adequate and need not be duplicated by HCMS. It also was felt that attendance would be enhanced by subjects that appealed to physicians' spouses as well as physicians. Such seemed to be the case with generally good attendance and a high level of interest throughout the year.

A public affairs radio program was undertaken by HCMS. It consists of a weekly half-hour interview of a community physician on a local radio station. The topic to be discussed is selected by the physician and telephone questions and comments are accepted and responded to on the air. It has received enthusiastic support from the medical community and has been appreciated and well accepted by the public.

HCMS endorsed, supported, and actively participated in a series of public forums exploring questions of medical ethics. The forums were funded by The National Endowment for the Humanities and were organized by Dr. Lawrence Henry, Professor of Philosophy of UHH.

The HCMS scholarship loan fund continued to provide scholarship loans to medical students from the Island.

1981 saw our membership grow significantly, with the addition of nine new members.

Hawaii County Medical Society received a request from Dr. Jeffrey McDevitt as the representative of a group of Kona physicians requesting permission of Hawaii County Medical Society to form a second component medical society on the island of Hawaii. The request was approved unanimously.

#### Recommendations:

1. That the House of Delegates approve the request of the Kona physicians for the formation of a second component medical society on the island of Hawaii.

2. That such action be made effective immediately and that Dr. Jeffrey McDevitt as President of that component society be granted a seat in the House of Delegates for the remainder of this meeting.

Ernest L. Bade, M.D.  
*President*

## Honolulu County Medical Society

### ACTION: Filed

This past year was a year of strengthening and developing those areas so important to our own medical organization. Membership retention and recruitment remained a priority for the Honolulu County Medical Society (HCMS), and continuing the separate Membership Recruitment Committee has helped to focus in this vital area. Along with our current Membership Committee's efforts and HMA's development of membership benefits, membership in the HCMS is finally increasing.

Peer review has grown and expanded during this past year, and the HCMS's undertaking of peer review for the new malpractice insurance program under HMA auspices, Medical Insurance Exchange of California, has provided impetus for more energy and development in peer review activities and issues for the HCMS.

The desire and intent to communicate more effectively to members, non-members, and the community, is as strong as it has even been. A new look and format to our Board of Governors bulletin, surveys on various issues, programs with important issues and topics each month, and the reactivation of our Speakers Bureau, among others, has served to focus on the critical area of communication. Your HCMS has looked at community efforts and attempted to support those which best assist our patients, such as the Helath Fair '81, the Hawaii Medical Library, and the Lions Eye Bank-Makana Foundation.

Your HCMS leadership has attempted to look after the welfare of its members during this year, and has diligently continued complete review and revision of the HCMS bylaws, which should be ready for dissemination to the membership before final adoption. It has been a long and arduous task for your Bylaws Committee and the Board of Governors who have toiled in this effort, but it is my belief that this effort will make your county society more effective, responsive, and strengthened in trying to represent its members, the medical profession, and the patients they serve. The issue of unified membership in our State Association and the AMA surfaced this year, and it was the sole intent of the HCMS leadership to attempt to bring all pertinent issues and facts before its membership so that each delegate of the HCMS could act in the most informed and objective manner as possible. The sole issue for the HCMS in this matter was the issue of mandatory vs. voluntary membership and never whether or not the HCMS supported the AMA, for it goes without question that the HCMS has only the strongest support for the AMA. Now that the question has been decided, I can only urge those non-members that stayed out of organized medicine because of the unit rule, to come and join with us for the betterment of medicine and patient care.

Your HCMS has looked at assisting its members by attempts to identify HCMS membership in the yellow pages of the telephone directory and by investigating the use of HCMS stickers as uniform car emblems for hospital parking. These efforts are still continuing. We are also looking at development of more realistic and effective guidelines for physician referrals through out offices, and at effecting a lasting and working liaison with HMSA through which our concerns may be heard.

Your HCMS leadership looks forward to the next years as both challenge and opportunity for medicine, and the HCMS will do its utmost to assist the HMA in this responsibility.

#### Recommendations:

1. That the Recruitment Committee continue its vigorous function of attracting new members.

2. That constant re-evaluation of our ability to communicate effectively and informatively with our members be maintained.

3. That we continue our membership meetings on a monthly basis.

4. That we attempt identification of our members to the public.

5. That there be a regular working liaison with HMSA.

HENRY H.C. FONG, M.D.  
*President*

## Kauai County Medical Society

### ACTION: Filed

The Kauai County Medical Society has had an eventful year. The county has been growing slowly but has experienced a sharp growth in Medical Paraprofessionals (e.g. Chiropractors) and a slow growth in its physician population. This has greatly concerned the Society. As a result, an administrative housecleaning was performed with consolidation of all Society records at Wilcox Hospital under a capable new Executive Secretary, Annette Manaday. Paul Esaki, Society Secretary-Treasurer carefully reviewed all of our documents with her and placed all of them in order. Much to our surprise, we found our bank accounts included about \$4,500.00 more than we had anticipated.

President Mark Wentworth, M.D., and Vice President John Newman, M.D. in an effort to conserve travel funds alternated their attendance at H.M.A. Meetings. This county representation was always assured at minimal expense. Regular reports of state wide efforts were disseminated to the membership. Of special interest was the removal of the Unit Rule. To

better explain this to all physicians on Kauai were invited to a Society Meeting on August 4th as guests of the Society. Mr. Jon Won, HMA Executive Director, and Neal Winn, M.D., HMA President presented the changes and the general benefits of joining organized medicine. As a result, there are several applications pending for membership.

The annual meeting and election of officers will take place in early November. A general program is planned with members encouraged to bring their spouses and guests. The incoming officers are:

John Newman, M.D.  
*President*

Paul Esaki, M.D.  
*Vice President*

Robert Overlock, M.D.  
*Secretary*

## Medical, Ethical, Moral and Legal Concerns Committee

### ACTION: Approved as amended

This committee continues to act as a forum and discussion group for the complex ethical, moral and legal issues involved in the practice of medicine and in medical research. The composition of the committee includes representatives from the paramedical, legal, theological, and philosophical disciplines as well as medicine. The committee formulated Resuscitation/Non-resuscitation Guidelines which were distributed to physicians. Members of the committee testified in the state legislature regarding so-called "living wills" and the committee is presently developing a position paper on this subject. Discussions are continuing on informed consent as it pertains to clinical practice, clinical protocols, and research.

The dialogue between disciplines has been very worthwhile and the non-medical members of the committee are very faithful in attendance. There are many times when they out-number the physicians and care will have to be taken to ensure that physicians maintain a dominant role, especially in any policy recommendations to Council.

#### Recommendations:

1. That the multi-disciplinary representation of the committee continue with future additions of physician members a priority.

2. That the Committee become a standing Committee of the HMA under the Medical Education Commission, rather than reporting directly to the Council.

ANN B. CATTS, M.D.  
*Chairman*

## Medical Malpractice Insurance Law

### ACTION: Approved as amended

Pursuant to last year's House of Delegates Resolution, this Committee looked into a possible rate review hearing before the Insurance Commissioner as well as the possibility of suing Argonaut Insurance Company for remedial damages. However, towards the end of 1980, Argonaut submitted its most recent filing which provided a reduction of 16% in its insurance premiums.

Our attorney, Mr. John S. Edmunds, felt that a rate review hearing would not be profitable in the light of this 16% reduction. He felt that the Insurance Commissioner would not likely rule against Argonaut in face of this decrease.

On file is Mr. Edmunds' letter of February 19, 1981, on Argonaut's most recent rate filing. Essentially, it states that Argonaut has not corrected most of the abuses contained in previous rate filings, including over-reserving on open claims, application of ISO loss development factors to Argonaut claims data, the use of national trend factors rather than Hawaii factors, and not adequately taking into consideration the changes brought about by Act 219.

Mr. Edmunds therefore recommends that we seek remedial damages of approximately \$9 million as a refund for past overcharges. He stated that he would accept the case on a contingency basis. This Committee was concerned that were such a suit to be filed, Argonaut, with a battery of attorneys, might tie up HMA, as well as individual physicians bringing suit, with nuisance suits, constant depositions and legal ap-



pearances Mr. Edmunds could not guarantee that this would not happen, but felt that it was unlikely.

Also on file is an article dated June 1981, *Association of Trial Lawyers of America*, which describes how 5,500 southern California physicians sued Travelers' Insurance for overcharging and won a \$50 million reimbursement of premium overcharges.

We recommend that Mr. Edmunds investigate the above-mentioned California suit and report back to us whether this precedent would facilitate a similar suit here with assurances that neither HMA nor individual physicians would be harassed by legal action and that he could permit physicians to drop legal proceedings, if such nuisance suits were to develop.

PHILIP HELLREICH, M.D.  
*Chairman*

## Resolution No. 6

### ACTION: Adopted

Re: Requirement for Mandatory CME for Membership in the HMA

WHEREAS, the concept of continuing medical education has always been a part of the medical profession's philosophy and

WHEREAS, the American Medical Association has never supported the concept of mandatory continuing medical education as a requirement for membership, and

WHEREAS, the Hawaii Medical Association has always supported and encouraged voluntary continuing medical education, and

WHEREAS, the necessity for mandatory continuing medical education is a redundant requirement that fails to serve the purposes for which it was enacted, therefore, be it

*Resolved*, that the Hawaii Medical Association rescind the requirement of mandatory continuing medical education for membership in the Hawaii Medical Association.

BAL RAJ MEHTA, M.D.  
*Chairman*

*Continuing Medical Education Committee*

## Resolution No. 9

### ACTION: Adopted, with referral by President to appropriate committee for further study.

Re: Bylaws Changes

WHEREAS, the HMA House of Delegates takes up important business each year affecting the professional lives of all physicians, and

WHEREAS, efficient procedures of the House of Delegates would be best served by having permanent officers of the House of Delegates, now therefore, be it

*Resolved*, that a bylaws change be initiated to wit: that a Speaker be an elected official of the Hawaii Medical Association, and be it further

*Resolved*, that a deputy Speaker of the House be elected to assist the Speaker in organizing the work of the House of Delegates, and to serve instead of the Speaker in his absence.

DORIS JASINSKI, M.D.

## Resolution No. 10

### ACTION: Adopted, with referral by President to appropriate committee for further study.

Re: Nominating Committee Requirements

WHEREAS, the HMA has been criticized in the past as being run by special interests, or small groups of physicians, or specific hospitals, and

WHEREAS, the current nominating process allows the nominating committee to return a single nominee for even the highest elected office within our organization, that of president, and

WHEREAS, our membership may perceive this as an attempt to limit leadership positions within the HMA to those already in power, now be it therefore

*Resolved*, that the nominating committee be instructed to offer the membership the choice of at least two candidates for the office of president-elect, and be it further

*Resolved*, that serious attempt be made to provide a choice for the membership in all elective offices of this organization.

THOMAS G. CAHILL, M.D.

## Resolution No. 11

### ACTION: Adopted, with referral by President to appropriate committee for further study.

Re: Election of Nominating Committee

WHEREAS, the election of the Nominating Committee has traditionally been the last item of business of the House of Delegates, and

WHEREAS, the House of Delegates is often severely depleted by the time of such election, and

WHEREAS, open deliberation of a truly representative nominating committee is essential to the vitality and health of this Association, and especially critical to thwart complaints of, or the appearance of, inbred clanishness within the leadership of this Association, now therefore be it

*Resolved*, that election of members of the Nominating Committee be carried out in the House of Delegates prior to the annual election of officers and, be it further

*Resolved*, that the bylaws be amended to provide a Nominating Committee composed of four (4) members elected from the House of Delegates and three (3) members appointed by the President of the Association confirmed by the HMA Council.

E. LEE SIMMONS, M.D.  
*Member Honolulu County Medical Society*

## REFERENCE COMMITTEE ON PUBLIC HEALTH

### Business/Medicine Coalition

#### ACTION: Filed

The HMA, after listening to reports of the success of the AMA's Corporate Visitation Program with companies in the Fortune 500, decided that the HMA should attempt a continuing dialogue and discussion with industry and business in Hawaii, believing that there are concerns and issues of mutual interest to business and medicine, and hopefully, mutual resolution of such concerns and issues. With the assistance of the AMA's Corporate Visitation Program staff, HMA established its Business/Medicine Coalition in December, 1980. Five physicians of the HMA with business interest, knowledge, ties, and expertise, were appointed: Drs. Neal Winn, Chairman, Ann Catts, George Mills, Douglas Bell, II, and Albert Chun-Hoon. Five of the largest companies in Hawaii in terms of numbers of employees were invited to send their chief executive officers to sit on this Coalition: Henry A. Walker, Jr., AMFAC, Inc.; Donald K. Kirchoff, Castle & Cooke, Inc.; Donald M. Kuyper, Hawaiian Telephone Company; Robert Holden, Sheraton Hotels and Inns; and Herbert C. Cornuelle, Dillingham Corporation.

The sole purpose of this coalition was to explore ways in which problems faced by both medicine and business, such as the costs of health care, can be approached in a joint effort. This group has held monthly meetings since its first one in December, 1980. The topics discussed thus far include: issue of medical disability, especially retroactive certification of disability; data and its availability relating to health care and costs; health insurance benefits and their relation to costs; the Consumers Health Investment Plan (CHIP) concept of health insurance; peer review processes; certificate-of-need and health planning legislation; cost containment efforts; self-insurance for health care costs; and insurance costs for public employees, among others. The discussion and forum over these past months have been very productive and educational for the physicians, for while we have our own ideas of what problems are in these areas and what solutions should be used, we have been able to find out the actual situations faced by business itself.

Currently, the coalition has expanded with the addition of representatives of two other large Hawaii companies, and the coalition has decided on: 1) presenting a program to physicians regarding the problems of medical disability from business' viewpoint; 2) sharing of disability and health care cost data; and 3) further investigating the CHIP, self-insurance, and claims processing possibilities, including use of the Hawaii Foundation for Medical Care; establishment of

a peer review procedure for medical disability cases; and development of an educational program for company employees that speak about health care costs and how they can be reduced, with input from the companies, physicians, and health insurers.

The current company representatives on the Coalition are: Pat Perry, AMFAC; Ron Beers, Castle & Cooke; Irv Baldwin, Council of Hawaii Hotels; Mabry Beard, Dillingham Corporation; Richard Schaulin, Hawaiian Telephone Company; Richard Hashimoto, Sheraton Hotels; Walter Miller, Bank of Hawaii, and Douglas Higson, Theo. H. Davies. The input, efforts, and time of these individuals are deeply appreciated by the HMA, for we believe that the coalition is definitely a useful and educational forum for both medicine and business.

#### Recommendations:

1. The Business/Medicine Coalition continue in 1982.

2. That programs determined by the Coalition be pursued.

NEAL E. WINN, M.D.  
*Chairman*

## Commission on Interprofessional and Public Affairs

### ACTION: Filed

The Commission on Interprofessional and Public Affairs consists of six committees: Media Response, Membership Benefits, Public Affairs which includes the Tel-Med functions, Public Education, Publications, and TV-Radio. The reports of these committees are listed below:

PHILIP I. MCNAMEE, M.D.  
*Commissioner*

## Media Response

### ACTION: Approved

#### Purpose:

1. To review adverse statements pertaining to medicine and physicians
2. Respond to those which are most detrimental
3. Review advances in medicine and respond to them if needed
4. Develop position plans on many issues
5. To have effective relationships with media persons in radio, television, and newspapers

#### Plan:

1. Develop roster of specialists and subspecialists to be able to respond.
2. Hold meetings with various media people (editors, reporters, TV persons) at the HMA office.
3. To assist president of State and County societies when called upon.

STEPHEN J. WALLACH, M.D.  
*Chairman*

## Membership Benefits

### ACTION: Approved

The Membership Benefits Committee was formed in 1981 to evaluate the Association's efforts in the membership recruitment area. Committee activities included:

1. Development of a recruitment slide show for presentation at hospital medical staff meetings, specialty society meetings, etc.
2. Development of a membership benefits brochure entitled, "HMA and You—The Benefits of Working Together."
3. Formation of a benefits package. Current membership benefits include:

Government Relations	Peer Review
HAMPAC	Continuing Medical
Communications &	Education
Public Relations	Meeting Facilities
Hawaii Medical	Special Society Liaison
Journal	Gasoline Discount
Insurance Programs	Program
Patient Referral	Auto Maintenance
Service	Program
Physician Placement	Medical Examiners
Service	Liaison
Legal Consultation	Printing Services



Roster of HMA Members	Car Rental Program
Assistance with Collections	Auto & Equipment Leasing
Practice Management Workshops	Encyclopedia Discounts
Office Management Consultation	Dues Reduction Program
Hawaii Medical Library	Installment Payment of Dues
Tel-Med	Physicians Exchange Program
Impaired Physician Program	

- Recommendations for additional staff in the membership section.
- Staff (Becky Kendro and Jennie Asato) and physician (Stephen Wallach, M.D.) attendance at the AMA Western Regional Membership Development Conference, July 27-28, 1981, San Francisco.
- Coordination with HCMS Recruitment Committee.
- Communication with medical student representatives on possible avenues for soliciting student membership.
- Recommendation to HMA Council regarding publication of a 1982 directory of physicians in Hawaii. Non-members would be assessed a fee for a listing in the directory.

Recommendation:

That HMA consider membership recruitment a high priority activity for without increased membership, vital programs will not be possible.

PHILIP I. McNAMEE, M.D.  
Chairman

Public Affairs

ACTION: Approved report with deletion of budget request for Tel-Med.

The Committee met monthly and occasionally more frequently. The Committee considered a number of issues presented for discussion:

- The HMA 125th Anniversary project with recommendations for:
  - Commemorative issue of the Hawaii Medical Journal,
  - Newspaper tabloid for October,
  - Exclusively designed aloha apparel by Malia International, Ltd.,
  - Special celebration program for HMA Annual Banquet,
  - City and State proclamations regarding anniversary.
- Appointed a physician to serve on the 1981 Health Fair Advisory Committee—Dr. Fred Gilbert.
- Appointed judges for 24th Hawaii Science and Engineering Fair and awarded prizes in junior and senior divisions. Judges were Drs. Stephen Wallach, Henry Yokoyama, Philip McNamee, and Neal Winn.
- Made recommendations for several awards:
  - A.H. Robins Physician of the Year for Community Service
  - Medical Journalism
- Discussed recommendation from Department of Health that emergency procedure be included in the telephone book. At the present time, the proposal was rejected.
- Discussed continued support by HMA of Tel-Med program.

Recommendation:

The Committee strongly recommends HMA's continued support of Tel-Med. The Committee feels that Tel-Med is a worthwhile community service and public relations program.

Budget Request:

News Media Awards .....	\$ 800
Science and Engineering Fair .....	200
Tel-Med .....	9,000
	\$10,000
CHARLOTTE M. FLORINE, M.D. Chairman	

Tel-Med

ACTION: Filed

Tel-Med, a collection of over three hundred tape

recorded phone messages on all aspects of health and disease, has proven extremely popular, as calls are currently averaging 500 per day. The service is sponsored by, and recognition given jointly to, HMA and HMSA. The service extends to all neighbor islands. Several tapes are now available in Ilocano, Samoan, and Japanese. At a recent HMA Council meeting, it was voted to eliminate HMA funding and sponsorship. The Tel-Med Committee feels Tel-Med exemplifies the role HMA should play in the community, and considers this a priority item for funding. The Committee urgently requests that the funds be reinstated.

GERALD A. HIATT, M.D.  
ROWLIN LICHTER, M.D.  
Representatives

Public Education

ACTION: Filed

This committee did not meet this year.

VIRGIL R. JOBE, JR., M.D.  
Chairman

Publications

ACTION: Approved report with deletion of Recommendation No. 2.

The greatest challenge that faced this Committee this year was the action of the HMA Council, threatening the existence of the Hawaii Medical Journal.

The HMJ has just celebrated its 40th consecutive year of publication, as the main means of keeping the HMA and its various island components together and of providing a voice for Hawaii's doctors and scientists, whether for the dissemination of scholarly information or for discussion of political and economic concerns of physicians.

It would be a shame to ax this publication, but in an economy move to balance the books (a worthy effort in any enterprise!), the HMJ was ordered to quit publication this year because it had cost \$20,000 in 1980, and was expected to cost the same or more in 1981.

The major activity of the Publications Committee, thus, was to save the Journal, which some of us have labored long years to publish regularly, asking no compensation other than the satisfaction that Hawaii and its doctors have an organ for communication. To this end, the Publications Committee appealed through its Councilor, Dr. Phil McNamee, to the Council, to reconsider sending us to the guillotine.

We interviewed several agencies who presented proposals regarding the Journal. In the end, our efforts resulted in a contract with Crossroads Press, which agreed to publish the Journal and handle advertising. Advertising can be expected to pay the costs of publication so that the Journal will not be a financial drain on the HMA. The HMA will keep all the subscription fees, according to the contract. An Editorial Board was formed that includes physicians from various disciplines, and ideas for new editorial tacks are constantly being reviewed and evaluated.

Until early 1981, the HMA had employed a part-time Executive Editor, who was a PR man employed full time elsewhere. He was paid \$600 a month—\$7,200 a year. He was dismissed, and his duties with respect to the Journal were taken over by Crossroads Press and by the new Managing Editor of the Journal, who also has been serving as Chairman of the Publications Committee, yours truly.

Local advertising will be gathered by Crossroads representatives, and national advertising will be handled by United Media Associates, of Greenwich, Connecticut.

Plans to send the Journal to doctors' homes are being reviewed, in hopes of gaining advertising that will appeal to spouses and families.

The October 1981 issue of the HMJ celebrates the 125th Anniversary of the founding of organized medicine in Hawaii, as well as the 40th Anniversary of the HMJ.

We thank the Council for the \$1,000 appropriated for this Anniversary issue. Furthermore, Dr. Arnold, HMJ Editor-in-Chief since its first issue in September 1941, was able to obtain a \$710 grant from the McNerny Foundation, through the good offices of Mr. Thomas Hitch, for defraying the cost of publishing the 25-Year Cumulative Index of the HMJ in the October 1981 issue. This Index was compiled by the

Hawai Medical Library staff, under the direction of Head Librarian, John Breinich.

Other activities during the year for the Publications Committee took a back seat to this life-saving effort for the Journal. Issues discussed included assistance to the Hawaii Newspaper Agency in publishing a tabloid honoring the 125 years of the HMA. Plans for a Roster of HMA members, or to include any physician in Hawaii who cared to buy space, were discussed, but no decision was reached. A Roster should perhaps be planned for 1982.

I have enjoyed serving as Chairman of the Publications Committee for the past several years, and wish to continue as a member; however, since I hope to continue as Managing Editor of the HMJ, I believe it is inappropriate to continue to serve as committee chairman for Publications. I feel new—or at least other talent—should be brought in to liven the scene, to gain a broader perspective in Publications.

Recommendations:

- That Dr. Harry L. Arnold, Jr. be reappointed as Editor of the Hawaii Medical Journal.
- That the subscription to the Hawaii Medical Journal be increased from \$10 to \$12 per year.

Projected 1982 Budget—Hawaii Medical Journal

<i>Income</i>	
930 subscriptions x \$12 .....	\$11,160
<i>Expenses</i>	
Fee to Crossroads Press for copies \$.50 x 1,200 copies x 12 months .....	\$7,200
Postage .....	900
Labeling .....	1,000
Copyright .....	120
	\$9,220
PROJECTED NET INCOME ....	\$1,940

DORIS R. JASINSKI, M.D.  
Chairman and Managing Editor,  
Hawaii Medical Journal

TV-Radio

ACTION: Approved report with deletion of budget request

The purpose of the TV-Radio Committee is to institute and coordinate appropriate medical presentations in these electronic media, in order to educate the public in medical matters and in the role of physicians in maintaining the health of the community.

During the past year, the Committee met seven times. The chief business of the Committee was:

- supervision of production of a 26-part television series, *Your Body, Your Mind*, which appeared weekly on KHET (Channel 11) and on all the cable stations. The series was jointly sponsored by the HMA and Tel-Med (HMSA), produced by Paul Berry Associates, filmed at Punahou School, and featured conversational interviews with HMA physicians and health educators. Moderators were Drs. Malcolm Ing, Philip McNamee, and John Corboy.
- promotion of this year's series, which included a newspaper campaign, fundraising, a poster and flyers, etc. All evidence indicates a vastly increased audience.
- planning for the 1981-82 season which will hopefully feature *Your Body, Your Mind* as a 26-part weekly video series, sponsored by HMA and HMSA, to follow a format similar to last year's successful program. This series will be promoted as in the past, and two additional physician hosts, Dr. Nancy Edwards and Dr. Robert Schulz, will participate. Budget restrictions require that promotional funding be paid by participants. We hope that grants will permit production of the new series.
- long-range planning for production and sponsorship of a new kind of television program for the 1982-83 season, to be filmed and broadcast by a commercial television station.
- assistance and guidance to public affairs program of a medical nature, as aired on K-108, and to Ronaele Whittington's *Total Health* on K-POI.
- providing speakers for radio talk shows and for medical public service commercials.

NEXT YEAR'S PROGRAM

During the coming year, the Committee will continue with its present television and radio commit-



PROCLAMATION

WHEREAS, in 1856, King Kamehameho IV granted a charter of incorporation to the doctors of the Kingdom of Hawaii; and

WHEREAS, this medical society, entitled the Hawaii Medical Association, will be commemorating its 125th anniversary in October, 1981; and

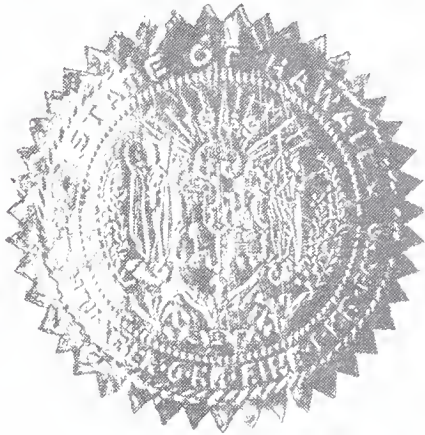
WHEREAS, during these 125 years, physicians have contributed immeasurably to the improvement of the health and welfare of our citizens; and

WHEREAS, the medical profession in Hawaii has continued to offer the highest standards of professionalism and helped us to achieve some of the finest health records in the world;

NOW, THEREFORE, I, GEORGE R. ARIYOSHI, Governor of the State of Hawaii, do hereby proclaim the period October 11 through 17, 1981, to be

**HAWAII MEDICAL ASSOCIATION WEEK**

and invite the citizens of Hawaii to join in the 125th anniversary celebration of the Hawaii Medical Association by appropriate expressions of aloha.



DONE at the State Capitol, Honolulu,  
State of Hawaii, this 28<sup>th</sup>  
day of September, 1981.

*George R. Ariyoshi*









ments, and assist in other activities as requested.

In future programming, emphasis will be placed on the individual's role and responsibility in maintaining his or her own health, on preventive measures, and on economics of medical care.

#### *Budget Request:*

Video Cassettes & Production Costs  
for "Your Body,  
Your Mind" ..... \$2,000

We are grateful for the funds and cooperation provided by HMSA through Tel-Med, who supported production of new shows and developed an intensive promotional mail campaign for our TV series. The Chairman thanks the hardworking members, producers, and participants.

JOHN CORBOY, M.D.  
*Chairman*

## Commission on Medical Services

### **ACTION: Filed**

The Commission on Medical Services consists of the following committees: Fee Survey, Worker's Compensation, Negotiating, Insurance, and Medicaid/Medicare. The reports of these committees are as follows:

THOMAS G. CAHILL, M.D.  
*Commissioner*

## Fee Survey

### **ACTION: Approved the report with the deletion of the budget request.**

The Fee Survey Committee met during the past year. The Committee has expressed support of the HMA Council's decision to adopt the CPT of medical and surgical procedures. It is presently engaged in developing a survey of the range of fees for common and new procedures in the community for different medical specialties. This would probably need to be carried on into the next fiscal year for completion.

Because of the somewhat specific nature of medical practice in Hawaii, a survey of practice expenses among practitioners has been contemplated. Specific development of this practice expense survey was not to be considered until the survey of fees has been further implemented.

#### *Recommendation:*

The overall goal of the Committee is to collect specific documentary information of various economic aspects of medical practice in Hawaii.

#### *Budget request for 1982:*

\$500 to cover costs of surveys.  
KENNEAL CHUN, M.D.  
*Chairman*

## Negotiating

### **ACTION: Filed**

As a newly formed committee, we had one major session lasting two days and consisting of an educational experience in the form of a seminar on negotiations presented by the AMA Negotiating team.

We have been providing suggestions to the Medicaid Committee in its discussions with DSSH.

The Committee will serve to assist in future negotiations with HMSA and the Department of Labor/Worker's Compensation, along with other areas as they become necessary.

BERNARD SCHERMAN, M.D.  
*Chairman*

## Worker's Compensation Committee

### **ACTION: Filed**

Worker's Compensation Committee did not meet in 1980-81, however, the chairman is pleased to report that the Department of Labor did accept the recommendations made by the committee in August 1980 to greatly expand and modify the medical fee schedule. A new fee schedule was issued in January 1981.

ROBERT C. CLINGAN, M.D.  
*Chairman*

## Insurance

### **ACTION: Filed**

The Insurance Committee is a new committee this year which generally was established to look into the various insurance issues impacting upon the medical profession and medicine. Several sub-committees were tentatively identified to focus on individual insurance issues: malpractice insurance; health insurance, for physicians, their families, and their employees and their families; alternative approaches in health insurance for the public; etc. With the proliferation of ideas presented in Congress and in our own legislature, there appeared to be a need to track and investigate both existing as well as new options in insurance.

This Committee met once during the year to review material on a "new" approach to health insurance—the Consumers Health Investment Plan (CHIP)—which had its impetus in the Louisiana State Medical Society (LSMS) in 1978, when it was first presented to the American Medical Association at its annual meeting. In the past three years, there appears to be renewed interest in this concept. This concept basically tries to keep premium dollars stable each year while trying to put the incentive for appropriate use of health care services back onto the patient and, for those that do use such services wisely and judiciously, monetary rewards can accrue. The Committee reviewed the available material, including a description of an existing "CHIP-type" plan of the Mendocino County (California) School Teachers Union and its apparent successes. Your Committee felt that this concept was worthy of continued investigation and review and asked for any additional information as it became available. The LSMS is in the process of formulating additional guidelines for its concept and will send us information as it becomes available.

While the Committee was unclear as to whether or not it should actively seek insurance issues to evaluate or to assist by investigating referred issues, there is a definite need for a committee within organized medicine to coordinate and become knowledgeable about insurance in health care and in medicine, for these issues surely impact on the practice of medicine. The Committee should be continued for at least the next year, but with stated objectives and purposes.

#### *Recommendation:*

That the Committee continue, but adopt objectives and purposes.

JOHN H.C. KIM, M.D.  
*Chairman*

## Medicaid Committee

### **ACTION: Approved as amended**

Efforts of the Medicaid Committee Chairman this past year have been directed towards:

1. Major effort with the 1981 Legislature.
2. Extensive discussion with the Medicaid Medical Consultants on revision of the Medicaid rules and regulations and physicians' policy manual.
3. Participation in high-level policy discussions with the DSSH administration, a representative of the Federal Region 9 administration and HMSA under the leadership of Representative Connie Chun and Dr. H.H. Chun.

Outcomes of these efforts have been disappointing, but hope remains that there is a major change of attitude taking place in the Medicaid administration.

At the Legislature, we were unsuccessful in getting through a Bill to require use of CPT terminology and base the profile year for reimbursement on the most recent calendar year data. The Legislature increased the amount of funding for the Medicaid program, but only to keep pace with other costs while keeping the physicians' professional reimbursement at 79% of the 75th percentile of 1979 usual and customary fee data. Preliminary information from the administration is that submission for next year will not yet be seriously hampered by Federal cuts and will remain at the same 79% of the 75th percentile of 1979 fees as their submission to the Legislature.

A new medical care administrator has just been named at DSSH to replace Mr. Robert Millar who retired in January of 1981. We do not know where this will take the program. Since January, we sense a perceptible shift in attitude by the continuing staff of the Department. Medical directors of the Department

sought HMA input into a required re-writing of the Rules and Regulations of the Medicaid program to bring them into compliance with the State Uniform Rule requirements. Extensive discussions were held, and the Department went to public hearing with these revised Rules and Regulations, but may have to repeat the process to accommodate changes in Federal law. During the course of these discussions, extensive discussion was carried out about the intended but not yet completed revisions of physicians' policy manual and policies concerning physician reimbursement. At one point we had an open verbal agreement to accept the CPT for terminology for the Medicaid program, but the Department subsequently reneged on their agreement and failed to communicate their reneging to us openly. Major progress was achieved by Dr. Florence Chinn in the Medical Consultant's office in curbing some of the more flagrant consumer abuses in consumption of drugs and doctor shopping. The Department was authorized a number of additional personnel to pursue fraud and abuse within the Medicaid program, but major pressure from the Federal Administration is forcing them to concentrate on provider abuses rather than consumer abuses.

The discussions under Dr. and Representative Chun's leadership with the Department have been useful in improving the dialogue between the Medical Society and the Department of Social Services, but as yet nothing concrete has come. Leadership of the Medicaid administration has been so weak and so understaffed in the past that there is almost total inability to proceed with anything of major change or importance. We have made strong attempts to promote an atmosphere of mutual cooperation on the grounds that the Medicaid program properly administered is essential for us to be able to provide for needy Medicaid recipients. We have argued strenuously for a role of greater input and better atmosphere of communication with the Medicaid administration.

In this sense we have proposed a volunteer Physician Peer Review Committee work within the Department of Medicaid Administration. This concept has been approved by the HMA Council and has been received favorably by DSSH leadership, but awaits dialogue with the new program administrator for implementation. It is hoped that this will provide a direct means of input into a program which has very poor perception of the practice of medicine. We feel that many of the Department's funds are squandered by the very poor policing of recipient eligibility and consumption of services and to a lesser extent but to a real extent by providers attempting to compensate for the low level of reimbursement for services rendered to the program. Unless the Department promptly comes out with a revised Physicians' Manual and movement to accept CPT procedural terminology, I feel the Medical Society must go ahead with publication of a terminology code.

From the budget cuts by the Reagan administration and revisions of the Medicaid program to date it appears that there are very hard days ahead in terms of where the dollars are spent. Hopefully, there will be increasing State freedom to direct its own program and most importantly, some freedom to innovate in attempts to deinstitutionalize the elderly Medicaid recipients. There are major sentiments within the Federal and the State Medicaid administrations, feeling that free choice of physicians is too expensive for the Medicaid program, and we can anticipate major attempts to shift the Medicaid program into a pre-paid, closed panel format. We know this would be a long range catastrophe in terms of access to care and quality of care, but short of major restructuring of the Medicaid program to reduce eligibility and benefits and deinstitutionalize the elderly, there simply is not a legislative willingness to continue to fund the program at a level sufficient to maintain its current free choice of physician private medical care format.

#### *Recommendation:*

That HMA continue to seek adequate compensation for services to the Medicaid Program and that free choice of physician and care in private medical offices continue to be the delivery system for care to Hawaii's needy people.

E. LEE SIMMONS, M.D.  
*Chairman*

## Resolution No. 7

Re: CP-IV

WHEREAS, the HMA Fee Survey Committee

HAWAII MEDICAL JOURNAL



over the years has been charged with the responsibility of maintaining a current listing of codes and descriptions of medical and surgical procedures, and

WHEREAS, in recent years the Federal Trade Commission has restricted the publication of *Relative Value Studies*, and

WHEREAS, the American Medical Association has developed a *Current Procedural Terminology* manual listing all medical and surgical codes and descriptions without relative values which has gained wide use and acceptance as a means for identifying services performed by physicians, and

WHEREAS, the HMA Fee Survey Committee had determined and recommended that physicians in Hawaii use the AMA's CPT-IV rather than publishing a Hawaii CPT, and

WHEREAS, the HMA Council went on record as strongly encouraging HMA members' usage of the CPT codes exclusively after January 1982 (adopted at the January 9, 1981 HMA Council meeting), and

WHEREAS, it has been determined that the cost of purchasing the AMA-CPT IV in quantity to provide each member with a free copy would be approximately \$15,000 (\$15/per book), and

WHEREAS, it has been learned recently that the California Medical Association is considering a challenge of the FTC ruling restraining CMA from publishing a RVS, now therefore be it

Resolved, that any decision to purchase large quantities of the AMA's CPT-IV be postponed pending the outcome of action by the California Medical Association.

KENNEAL CHUN, M.D.

Commission on Public Health

ACTION: Filed

The Commission on Public Health consists of the following committees: Cancer, Chronic Illness, Communicable Disease, Crippled Children, School Health, Sports Medicine, and Substance Abuse/Pharmacy. The reports of the committees and recommendations follow.

JAMES LUMENG, M.D.  
Commissioner

Cancer

ACTION: Approved

The Cancer Committee, working with various agencies and community cancer programs, set the following objectives for 1981:

- 1. To continue ongoing screening of cancer programs in the community.
- 2. To continue improving relationships with the American Cancer Society.
- 3. To continue monitoring programs of the outlines of cancer management.
- 4. To continue relationships with the Cancer Center.
- 5. To overview any cancer management programs or all new cancer programs in the community.
- 6. To act as a liaison body for the cancer programs in the community so that they can relate better and avoid duplication of services.

Among the topics of discussion at the monthly meetings this past year, the Committee reviewed aspects of and proposals for long-term patient care as presented by representatives of Hospice of Hawaii, St. Francis Hospice Program, and Partners in Health. The needs in Hawaii will continue to be addressed by the Committee.

The Committee was kept informed of the activities of the Community Cancer Program in Hawaii, particularly as funding needs were assessed. Proposals for possible projects were also presented.

It was reported that the HMA Cancer Management Outlines Project was progressing well. Seven committees have met; some are nearing completion of their work.

The Committee anticipates greater participation and cooperation among the various hospitals and cancer programs in order to facilitate dialogue, sharing of information, grant funding, etc., in the year ahead.

Recommendation:

That the HMA Cancer Committee continue in its present function with various community agencies and programs.

JOHN P. KEENAN, M.D.  
Chairman

Communicable Disease

ACTION: Approved as amended

The goals of the Communicable Disease Committee were drafted at the February, 1981, meeting:

- 1. To support the efforts of the Department of Health and VD Control and Immunization programs.
- 2. To support the widespread use of skin testing first, rather than x-raying for TB, and to make anti-tuberculous drugs available for private physicians.
- 3. To assist the DOH in lobbying for State funds in support of important communicable disease functions of the Health Department.
- 4. To assist the State whenever possible in the outpatient treatment of leprosy patients.
- 5. To increase the awareness of leptospirosis as a health problem in Hawaii and to educate physicians to recognize and treat this infection.

The purpose of the Committee is to review programs related to the control of communicable disease in both the private and public sectors, working closely with the Department of Health, as well as the School Health Committee and the local Academy of Pediatrics.

This year, the following was accomplished:

- 1. Gave continued support to the Tuberculosis Branch in emphasis of tuberculin testing in place of chest x-ray screening.
- 2. Supported childhood immunization programs and reviewed computerized immediate follow-up for children, recently begun by the Department of Health.
- 3. Strongly supported the development of patient education programs started at three maternity centers in Honolulu.
- 4. Approved of joint statement of ophthalmic antibiotics in new-born babies

Recommendations:

The Committee's plan for next year is to continue present programs in immunizations and tuberculosis and to serve as an effective liaison between the private and public sectors regarding communicable disease.

It is further recommended that emphasis should be given to the role of private physician in the control of sexually-transmitted disease.

FRANCIS PIEN, M.D.  
Chairman

School Health

ACTION: Filed

The School Health Committee was able to implement the 1979 School Health Manual with the AMA Guidelines for "Disqualifying Conditions for Sports Participation." It is to be remembered that these disqualifying conditions are merely guidelines for physicians and that each child must be judged on an individual basis.

Regarding PL 94-142 Handicapped Child Program: The Committee reaffirmed the support of the need for *developmental training* under the *Department of Health*, and *education* under the *Department of Education* for the handicapped child, with inter-agency agreement servicing the interchange between department services.

The School Health Committee continued in its advisory capacity to the Department of Education regarding the revision of the Health Education Guide for the public school for Hawaii for Grades K-6.

ANN BARBARA HO YEE, M.D.  
Chairman

Sports Medicine

ACTION: Approved

The Sports Medicine Committee conducted a "Sports Medicine Symposium, Spring Session," on Saturday, January 17, 1981, at Punahou School. The purpose was to provide coaches, young athletes, and parents of young athletes with practical information on nutrition, conditioning, warm-up exercises, and first-aid and taping techniques.

Approximately 165 persons attended the seminar, and there was extremely positive feedback from the participants. Sessions on track and field and women's sports had the highest attendance. The Committee kept well within the budget and spent only \$114.47.

Interest has been expressed in seminars directed toward safety in sports, and several members of the Committee have provided lectures on the neighbor islands.

Recommendations:

- 1. That seminars be continued, especially to focus on safety and emergency first-aid in sports activities.
- 2. That continuing dialogue be pursued to improve communication between physicians and coaches.

RUSSELL HICKS, M.D.  
Chairman

Substance Abuse/Pharmacy

ACTION: Approved as amended

The Committee held 6 meetings during the past year. Its members and representatives testified and communicated information on the impact of the "Hawaii Drug Formulary of Equivalent Drug Products" and the DSSH Drug Formulary.

The Committee continued to be concerned about the need for increased physician awareness of the problems of drugs and alcohol in our community. They reviewed the "Hawaii State Survey on Substance Abuse—1979." Members met with representatives of several community agencies and the Department of Education concerning the problems of drugs, especially marijuana, and alcohol among high school students. The Committee provided a forum for communication between the State Investigations and Narcotics Control Section and physicians and pharmacists. At a meeting with the Consumer Affairs Officer, US Food and Drug Administration, from the San Francisco regional office, the Committee shared their concerns.

Recommendation:

That the Substance Abuse Committee continue to be a forum in the area of substance abuse, especially in providing input to the Legislature.

RUSSELL HICKS, M.D.  
Chairman

Chronic Illness Committee

ACTION: Filed

The Chronic Illness Committee chaired by Dr. Walter Chang did not meet in 1980-81.

Crippled Children Committee

ACTION: Filed

The Crippled Committee met once during the year to review the status of the various programs throughout the State.

Because of budgetary restrictions, many services are being curtailed, and the Committee discussed alternatives to keep the clinics operating and to have as many physicians as needed to cover the different areas.

In conjunction with the Department of Health, the Committee will continue to follow the progress of the programs and clinics in the coming year.

D. V. REDDY, M.D.  
Chairman

Resolution No. 2

ACTION: Not Adopted

Re: Opposing the Proliferation of Nuclear Weaponry

BE IT RESOLVED, that HMA goes on record as opposing the proliferation of nuclear weaponry by all peoples and nations of the world, and that the United States take the lead in promoting such de-escalation, to its ultimate end-point of zero, for the reasons stated below:

WHEREAS, the USA was the first to invent and to use the Atom Bomb, killing several hundred thousand people and destroying the cities of Hiroshima and Nagasaki in August 1945;

WHEREAS, the USA produced the first Hydrogen Bomb;

WHEREAS, the USA developed the first strategic bombers;

WHEREAS, the USA deployed the first nuclear-armed InterContinental Ballistics Missiles (ICBM's);

WHEREAS, the USA launched the first nuclear submarines and deployed the first submarine-based missiles;

WHEREAS, the USA invented the first MIRV's, which permit one missile to deliver many nuclear bombs;



WHEREAS, the USA is about to deploy the MX missile system in the West to preclude "first strike" success on the part of the USSR's feared "pre-emptive" initiation of a nuclear war;

WHEREAS, the current policy of the USA is to make of the whole of Western Europe a battlefield for "limited nuclear warfare", thus sacrificing its friends and allies by placing Cruise missiles in location in those countries confronted by the threat from the USSR;

WHEREAS, the government of the USA has abrogated the SALT III talks for fear that treaty may favor the USSR; and

WHEREAS, we physicians know that in the event of so-called "limited nuclear war", which is bound to escalate to a world-enveloping holocaust, our presence and the viability of our hospitals and medical facilities have no greater chances for survival than that of people and places in general; and

WHEREAS, if some of us in the medical profession do survive and can succor the injured and the dying, it will be by primitive and totally inadequate means; and

WHEREAS, treatment of radiation burns of human beings, both short and long term, is non-existent and hopeless; and

WHEREAS, the USA has been the first to escalate, step by step, the nuclear capability to destroy the world and its people,

**BE IT ADDITIONALLY RESOLVED**, that the medical and allied health professionals of the world be encouraged to join with us practitioners of Family Medicine in urging all governments to do away with nuclear weapons, and that we in the USA be in the very forefront of this world-wide effort.

Submitted by J.I. FREDERICK REPPUN, M.D.  
Member, Physicians for Social Responsibility, Inc.

August 1981

## Resolution No. 3

### ACTION: Not adopted

Re: Physicians Involvement in Nuclear War

WHEREAS, we physicians know that in the event of so-called "Limited Nuclear war", thought to be "winable" but bound to escalate into a world-enveloping holocaust, our presence as healers and the viability of our hospitals and medical facilities have no greater chances for survival than that of people and places in general; and

WHEREAS, if some of us in the medical profession do survive and are able to succor the sick and injured and the dying, it can only be by primitive and totally inadequate means; and

WHEREAS, treatment of radiation afflicted human beings in both the short and long term is non-existent and hopeless;

**BE IT RESOLVED** that the medical and allied health professionals of the world be invited to join the Hawaii Medical Association, its members, and other practitioners in Hawaii in educating our patients as regards the hazards of nuclear warfare,

**BE IT FURTHER RESOLVED** that we in the United States of America be in the forefront of this world-wide effort.

Submitted by:

J.I. FREDERICK REPPUN, M.D.

KENNETH HUGHES, M.D.

THOMAS C. HALL, M.D. all members PSR/Hawaii  
20 August 1981

## Resolution No. 12

### ACTION: Recommendation that Resolution No. 12 be referred to the HMA President for consideration by the appropriate HMA committee and report to the HMA Council.

Re: American Society of Internal Medicine White Paper

WHEREAS, a White Paper was produced by the American Society of Internal Medicine in January, 1981, and

WHEREAS, this is the first documented information on third party reimbursements for cognitive and procedural services which shows a significant disparity exists, and

WHEREAS, this distinction is generally thought to be known to exist for many years and this is the first documentation concerning the situation, and

WHEREAS, evidence is presented whereby the economics of the delivery of health care would be improved, and

WHEREAS, the White Paper has been endorsed supportively by the Joint Council of Allergy and Immunology, representing four national allergic and immunological groups, and

WHEREAS, the American Academy of Family Physicians likewise endorsed this White Paper supportively at its Congress of Delegates, Las Vegas, Nevada on September 20, 1981, now be it therefore

**RESOLVED**, that the Hawaii Medical Association endorse this White Paper, thus encouraging a more equitable reimbursement system and thereby affording quality health care delivery in a more economical setting.

THOMAS G. CAHILL, M.D.

## AMA Delegates Report

### ACTION: Filed

Dr. Herbert Chinn served as delegate to the AMA Interim Meeting held during the first week of December in San Francisco. Some of the major issues considered by the AMA House of Delegates included PSROs, evaluation of foreign medical schools, active participation by women in organized medicine, state health planning, CT scanners, categorization of hospital emergency services, motorcycle helmets, Jail Program, physician suicides, podiatry, organ transplantation, etc.

The AMA House of Delegates opened on Sunday, June 7, 1981 at the Marriott Hotel in downtown Chicago with the largest number of delegates in the AMA's history—283. Nine reference committees held hearings to receive testimony on the numerous reports by the AMA Board of Trustees, by the AMA and House of Delegates Councils, and the 157 resolutions submitted.

The business of the House was heavy; the more important and interesting results of this session are:

**Direct Membership:** The AMA Board of Trustees had recommended that the AMA Amend its bylaws to allow for the AMA to solicit, bill, and recruit physicians who are not AMA members through their county and state societies as direct members of the AMA. Current bylaws mandate that, if physicians are eligible for AMA membership through their county and state organizations, they must join those before being eligible to join the AMA. The House, after much debate, adopted the recommendation that appropriate bylaws changes to allow for direct AMA membership be prepared for presentation at the Interim Meeting of the House of Delegates. The AMA, however, noted that it will work first with county and state societies in membership recruitment.

**AMA Re-Structure:** The AMA Board of Trustees produced a most thoughtful and intriguing report (Report C) which looked at the AMA from the standpoint of the current AMA going out of existence and a "new" AMA springing up anew, and what the "new" AMA should look like and what it should be. I would encourage every physician to read this report. The basic elements of this report's recommendations were:

1. discontinue the Council on Continuing Physician Education as the surveys of physicians found the vast majority of physicians look to their specialty societies and others for their continuing education.

2. discontinue the Council on Long Range Planning as the AMA Board not only could do this function but is already doing a lion's share of long range planning;

3. consider discontinuing the Council on Constitution and Bylaws as the AMA Board and AMA staff could provide the same functions with final action on any bylaws amendments or adoptions must still come back to the House of Delegates;

4. adopt incremental dues increases of \$35 for 1982 with plans to consider further increases of \$25 for 1983, and \$30 in 1984 as physician surveys found that most physicians would prefer incremental dues increases each year rather than a large increase at once.

The objectives of this report and its recommendations were to streamline AMA operations to be more efficient and effective and to provide for a sound financial base for the AMA.

Final House action was (1) approved the discontinuation of the Council on Continuing Physical Education; (2) retained the Council and Long Range Planning and the Council on Constitution and Bylaws; and (3) approved a \$35 dues increase for 1982.

**Government Directed Peer Review:** The 1980 Interim House of Delegates had approved a position of working toward elimination of all government directed peer review programs, including PSRO. Two resolutions submitted called for a reversal of that stand; three resolutions asked that the AMA stand be reaffirmed or that the AMA work to immediately repeal the PSRO law. The House acted to reaffirm its position to work for the elimination of all government directed peer review programs, including PSRO, but also adopted the position that state and county societies work toward establishing programs of voluntary peer review, utilizing such mechanisms as foundations for medical care or other similar organizations to accomplish this peer review.

**Unified Membership:** Two resolutions dealt with unified membership, one asking that members of unified states be given an AMA dues break of up to \$50, the other asking that unified states be given an additional delegate to the AMA House. Both resolutions were referred to the AMA Board of Trustees for study and report back at the next House of Delegates.

**Finance Charges:** HMA submitted a resolution, Resolution No. 94, to the AMA which basically asked that the matter of charging a finance charge on overdue accounts, now frowned upon by the AMA Judicial Council, be left to the discretion of each state society to establish policy. Colorado had introduced a similar resolution. No opposition was presented during reference committee hearings, but questions were raised on the floor of the House, and the House referred both resolutions to the AMA Judicial Council for study and report back at the next House meeting.

**Specialty Society Delegates:** During the past three years, the AMA Bylaws allowed qualified specialty societies to have one delegate in the AMA House. Based on criteria adopted by the House, specialty societies may apply to the House for acceptance. This year, nine specialty societies submitted applications; the AMA Board of Trustees recommended the acceptance of five of them. During the discussion on the House floor, debate ensued on whether or not specialists were forming numerous societies in order to seat as many delegates as possible from specialty societies. There are currently 56 delegates from specialty societies in the AMA House; the largest state delegation is 21 members. The issue of acceptance of more societies as well as a review of the criteria was referred back to the AMA Board of Trustees for review and report back to the House in lieu of accepting any additional specialty societies at this time. This action reflected concern expressed by delegates of specialty society delegates controlling the House over state association delegates and of certain specialists obtaining multiple representation via membership in several sub-specialty organizations.

HERBERT Y.H. CHINN, M.D.  
Delegate

WILLIAM E. IACONETTI, M.D.  
Alternate Delegate

## Cancer Commission

### ACTION: Filed

The Cancer Commission of the Hawaii Medical Association participated in a major site visit by the National Cancer Institute to determine if deficiencies noted on a previous site visit had been corrected in the Hawaii Tumor Registry. The conclusion of the site visit was most favorable and the Cancer Commission appears assured of continued funding for a full 2-year period, under a sub-contract with the Epidemiology Section of the Cancer Center of Hawaii. Its Director, Lawrence Kolonel, M.D., and Assistant Director, Ward Hinds, M.D., have devoted countless hours to assisting the Registry staff in upgrading all aspects of data gathering and quality control activities of the HTR. The Cancer Commission is very grateful for their volunteer participation and expresses, for HMA, its deep appreciation.

The HTR is now a national leader in many aspects of its data quality and the Commission is happy to acknowledge the tremendous help of the state's physicians to provide the data to make our Registry unique



in the quality of information we are able to offer qualified scientists.

Drake W. Will, M.D.  
Chairman

Commission on Health Service and Care

ACTION: Filed

The Commission on Health Service and Care involves the work of four committees: Community Health Care, Health Manpower, Disaster, and Health Care Costs. The reports and recommendations of these committees are printed below.

Donald F.B. Char, M.D.  
Commissioner

Community Health Care

ACTION: Filed

Two meetings were held during this year. The first was a meeting of the full Committee, held on January 5, 1981. At that meeting, a review of the State Health Plan was undertaken. It was the opinion of those who took part in this meeting that we should find a way to make input for the Health Plan at a more basic level. Perhaps this could be accomplished by having members of the Committee take positions on key planning committees. The present review of the State Health Plan is believed by the Committee to be more form than substance.

A Task Force of the Committee, consisting of Drs. Penoff, West, Ohtani, and Kistner, met on May 28, 1981, and outlined key committees on which we should have HMA representation. We found certain of these had adequate representation from the HMA, and others either lacked HMA representation or lacked feedback to the Community Health Care Committee from those who are on the committees.

Dr. Neal Winn joined this meeting at the end of its session and discussed the possible role this Committee should play. This year has seen a marked change in the political climate on health legislation. With the advent of block grants, it appears that there will be many changes in the health planning and funding process, and the function of this Committee perhaps needs to be re-examined.

Recommendations:

- 1. Redefine the mission of the Committee in light of changes at SHPDA.
- 2. Choose committee membership from those who are on central committees relating to the political process.
- 3. The new HMA president can define whether this committee should play any role in block grants activities and whether this committee should become more active with the State Legislature.

Robert L. Kistner, M.D.  
Chairman

Health Manpower

ACTION: Filed

Monthly meetings have continued with fair regularity. Major areas of activity include the following:

- 1. Surveyed all physicians actively practicing in Hawaii regarding their perceptions of physician manpower situation.
- 2. Spurred development of joint HMA-University of Hawaii School of Medicine *ad hoc* committee, which, in turn, ultimately produced joint statement on medical class size at U.H.
- 3. Currently developing joint HMA-U.H. School of Medicine-Hospital Association of Hawaii *ad hoc* committee for evaluation of size of house-staff programs.
- 4. Joint meeting with representatives of multi-specialty groups and U.H. School of Medicine to review recruitment practices and potential placement of U.H. medical graduates.
- 5. Recommendation to Council of creation of an Information Clearinghouse service, to be available to students, physicians, groups, local communities, etc.
- 6. Recommendation to Council of HMA affiliation with Pacific Consortium for Health Information.
- 7. Continued discussions with Hawaii Nurses Association regarding changes in the Nursing Practice Act to be proposed to 1982 session of the Legislature.

8. Recommendations to the Board of Medical Examiners regarding certification of Physician Assistants.

George C. Bolian, M.D.  
Chairman

Health Care Costs

ACTION: Filed

Health Care Costs Committee was chaired by Dr. Vincent Aoki and did not meet in 1980-81.

Disaster Committee

ACTION: Filed

The Disaster Committee chaired by Dr. Edmund C.K. Lum did not meet in 1980-81.

Hawaii Health Institute

ACTION: Filed

The Hawaii Health Institute was initially conceived and presented to the 1979 House of Delegates, (and approved for exploration), as a free standing, voluntary organization of health care providers and third-party payers working together on issues of cost containment, CME, peer review and health care legislation. A somewhat similar concept, but with the frightening substitution of government control rather than providers' voluntary participation, was introduced in the 1980 Legislature session as the Hawaii Health Authority.

The obvious concerns generated by this legislation led the HMA Council to authorize the formation of an Institute, but only as an *ad hoc* Committee within HMA, directed by it, and with a majority of the committee comprised of HMA physicians. Additional membership has been sought from labor, big and small business, the Department of Regulatory Agencies and the Legislature and other community leaders. Rep. Bert Kobayoshi and Mrs. Mary Bitterman, Director of the Department of Regulatory Agencies have both expressed an interest in participating unofficially in the Committee's discussions but feel that official committee membership might constitute a conflict of interest. Current members include Irv Baldwin of the Council of Hawaii Hotels; Jared Jossem, labor attorney; Earl Baxendale, Nursing Home Administrator; and Richard Stenson, President of the Hospital Association of Hawaii, who have joined the Committee along with HMA's Drs. Albert Chun-Hoon, John Edwards, Henry Fong, George Mills, and Neal Winn.

In its initial meetings the Committee has discussed several areas of possible focus for the group:

- 1. alternatives to the professional standards review organization program for peer review;
- 2. cost containment efforts in health care;
- 3. alternate systems of medical care delivery;
- 4. alternatives to the State Health Planning & Development Agency (SHPDA);
- 5. coordination of the HMA/component societies peer review system with the Board of Medical Examiners.

Some of these problems are already under review by other committees or organizations. Committee members feel that duplication of effort should be avoided and that coordination of activities may be desirable in the future but not urgent at present. They have agreed therefore to concentrate their own efforts in one area of maximum need to be selected at the next meeting. If credibility can be achieved by a successful track record in that one area, consideration will be given to seeking private funding and expanding the scope of the Institute's activities.

The Committee has no specific recommendations at present. However, considerable interest has clearly been expressed by these and other leaders in business and the community in the containment of health costs, the evaluation of health care system and the possible development of alternative systems of care, and the desirability of effective peer and utilization review and coordinated health planning. It is therefore possible that the Business/Medicine Coalition, the Voluntary Costs Containment Committee and the Health Institute might later be merged into one unit providing a more systematic coordination of health care efforts and a degree of self regulation on a voluntary basis.

I am grateful to the members of this Committee for their participation.

Neal E. Winn  
Chairman

Jail Health

ACTION: Filed

The HMNA continued to provide technical assistance to the Corrections Division of the Department of Social Services and Housing to develop a health care system in correctional institutions following the guidelines established by the American Medical Association. The HMA received a subcontract from the AMA in November 1979 and was one of 23 states participating in the Jail Health Program.

A policy and procedure manual was developed by assistant state project coordinator, Becky Kendro, and was submitted to the DSSH for consideration. The committee also drafted and submitted a resolution to the 1981 State Legislature calling for a study of the existing health care system and adoption of AMA Standards for Jails. The resolution was received favorably but was not adopted.

The committee chairman was invited to screen candidates for the several physician openings at the Oahu Community Correctional Facility. The committee has also encouraged the implementation of a demonstration project at the Oahu CC using the manual developed by the HMA.

Funding for the project was terminated on May 31, 1981. The committee recommends that it continue to serve in an advisory capacity to the DSSH.

Walter W.Y. Chang  
Chairman

Reference Committee on Finance and Administration

Hawaii Medical Association Auxiliary

ACTION: Approved as amended

The Hawaii Medical Association Auxiliary is extremely proud to participate and assist the Hawaii Medical Association in its 125th Anniversary celebration of its existence during this Convention.

During the past year, we have been especially dedicated to the health concerns of the community and to the evaluation and improvement of our organization in all aspects of priorities, structure, function and recruitment.

Our counties have been active in the area of health projects and services. Among those conducted include: volunteer assistance and public education for the Blood Bank, CPR classes, basic health screening and education at the Hawaii Health Fair '81, distribution of Department of Health pamphlets in physician's offices, radio spot promotion of "Shape Up For Life" and "Good Food For Good Looks", infant/child care restraint demonstration at nursery schools and community centers for parents, programs on nutrition and home safety and Guest Day: "What's Right With The World: A Wellness Seminar". Hawaii AMA-ERF contributions total \$1,171. and in May, 1981, a check of \$7,317.86 was presented to the University of Hawaii Medical School which represents the AMA auxiliaries nationwide. Other areas of interest include the following: The HMAA is the only auxiliary in the nation having biographical history of all deceased doctors who practiced in the state. A state scrapbook provides highlights and achievements of the Auxiliary. Two educational programs were presented: Sleep and Dreams, and A Brief History of HMA and Prospects For New National Health Policy. Our membership procedures of retention and recruitment will have to be revised. Publication of our "RX For M.D. Mates" have been limited to two issues. Legislative committee assisted the HMA in its public relations endeavors. Representatives to National Meetings three times a year continue to realize the importance of its leadership training, resource materials and exposure to sister state auxiliaries.

At the 1981 AMAA Convention in Chicago, Hawaii proposed a resolution that eligibility to attend Confluence be extended to board/council members as well as to presidents/presidents-elect. It was not adopted but support in favor was impressive enough to warrant another resolution next year to be written with more clarity and definitive in its wording. With our coalition of small states (Wee Ones), we feel that we can be a viable group at National meetings as it was shown at the AMAA Convention.

The President attends monthly HMA Council

meetings and is also included in the Finance Committee Meetings where it was apparent that the HMAA would have drastically reduced funding which demanded a no frills budget. It necessitated a priority concern of charting the future structure and its existence. After much discussion with National, State and County officers, 5 recommendations were formulated, presented to the HMA Council who approved it, and voted upon at the State Auxiliary Convention and was also approved. In brief, they were as follows:

1. Beginning in 1982, when funding for National dues ceases, National dues will be on a voluntary basis for each spouse.
2. The name "Hawaii Medical Association Auxiliary" be retained.
3. The HMAA Council be composed of 5 members.
4. There shall be continued representation of the HMA Council.

5. The administrative fiscal year of each county and state auxiliary be uniform.

It is evident that the Auxiliary goals have been fulfilled. Implementing our recommendations becomes a challenge this coming year.

*Recommendations:*

1. That the HMA support the continued existence of the Auxiliary under the proposed plan.
2. That the HMA make every effort to ensure long-term financial commitment to the Auxiliary.
3. That the HMA conduct a re-evaluation of the Auxiliary in 1984 by the HMA Bureau of Research and Planning.
4. That the HMA include the HMAA on specific committees, e.g. membership, finance and legislation, or areas where cooperation and support are needed.
5. That the HMA allow the Auxiliary an official delegate to speak on Auxiliary matters should one arise

on the floor of the House of Delegates, and that appropriate bylaws amendments be implemented.

6. That the future HMA Councils assure the continuance of the above.

MRS. GWENDOLYN FU  
President

## Building

### ACTION: Approved

During the past year the HMA Building Committee has been very involved in the operation of the building. The most significant accomplishment this year resulted in a new land lease agreement for the next 10 years. It took many months of negotiations with Victoria Ward, Ltd. to achieve the final negotiated agreement. The Building Committee recognizes that the new lease agreement has increased by three times from \$15.10 per square foot to \$45.00. Although this appears

## Hawaii Medical Association—Building Fund 1982 Budget (Tentative)

Acct. No.		1981 Actual Jan-Aug	1981 Estimated Jan-Dec	1981 Budget	1982 Budget
	<b>Income:</b>				
400	Rent—Lease . . . . .	116,275	187,679	178,210	194,700
402	Rent—Parking . . . . .	3,443	5,443	14,760	12,360
407	Other—Interest . . . . .	239	358	600	600
	<b>TOTAL INCOME . . . . .</b>	<b>119,957</b>	<b>193,480</b>	<b>193,570</b>	<b>207,660</b>
	<b>Expenses:</b>				
	<i>Owner's Expenses:</i>				
505	Bldg. Repair & Maintenance . . . . .	3,795	9,300	12,200	1,800
507	Insurance . . . . .	-0-	306	480	-0-
541	Electricity . . . . .	1,520	2,340	2,340	2,520
552	Commission—Leasing . . . . .	2,512	4,184	2,760	5,040
554	Professional & Legal . . . . .	666	666	-0-	-0-
558	Lease Rent . . . . .	26,320	51,090	54,300	85,920
566	Interest . . . . .	41,766	61,243	61,200	57,600
568	Depreciation . . . . .	22,946	34,092	34,080	34,080
599	Miscellaneous . . . . .	-0-	-0-	600	240
	<b>TOTAL OWNERS' EXPENSE . . . . .</b>	<b>99,525</b>	<b>163,221</b>	<b>167,960</b>	<b>187,200</b>
	<b>Common Area Expenses:</b>				
605	Bldg. Repair & Maintenance . . . . .	6,269	9,500	9,840	9,840
606	Landscape Maintenance . . . . .	7,805	11,700	8,400	12,000
607	Janitorial . . . . .	8,526	12,800	12,960	13,920
609	Parking . . . . .	7,081	11,000	12,000	13,440
611	Contract Repairs . . . . .	4,223	6,000	600	600
612	Maintenance Supplies . . . . .	2,130	3,200	4,800	3,480
620	Air Conditioning . . . . .	7,338	11,000	10,200	13,110
630	Refuse . . . . .	743	1,100	1,030	1,320
631	Pest Control . . . . .	558	800	480	840
641	Electricity . . . . .	33,698	50,550	48,840	64,440
642	Water . . . . .	1,492	2,250	4,200	2,700
653	Management Fees . . . . .	8,320	12,480	12,480	12,480
664	Insurance . . . . .	3,203	3,203	3,360	3,360
670	General Excise Tax . . . . .	4,470	7,739	8,970	11,140
675	Miscellaneous . . . . .	125	200	240	120
	<b>TOTAL CAM EXPENSES . . . . .</b>	<b>95,981</b>	<b>143,522</b>	<b>138,400</b>	<b>162,790</b>
	<b>Direct Recoverable Expenses:</b>				
686	Real Property Tax . . . . .	13,676	13,676	13,440	14,220
692	Lease Rent . . . . .	-0-	7,920	-0-	31,680
696	Assessment . . . . .	2,856	2,856	-0-	3,640
	<b>TOTAL DIRECT RECOV. EXPENSES . . . . .</b>	<b>16,532</b>	<b>24,452</b>	<b>13,440</b>	<b>49,540</b>
	<b>Recoveries Income:</b>				
775	CAM Recoveries . . . . .	35,121	43,188	22,230	25,300
786	Real Property Tax . . . . .	5,284	9,194	8,400	9,960
792	Lease Rent . . . . .	-0-	8,250	-0-	33,000
796	Assessment . . . . .	4,097	4,156	-0-	2,530
	<b>TOTAL RECOVERIES INCOME . . . . .</b>	<b>44,502</b>	<b>64,788</b>	<b>30,630</b>	<b>70,790</b>
	<b>TOTAL EXPENSES . . . . .</b>	<b>167,536</b>	<b>266,407</b>	<b>289,170</b>	<b>328,740</b>
	<b>NET INCOME—INCREASE (DECREASE) . . . . .</b>	<b>(45,579)</b>	<b>(72,927)</b>	<b>(95,600)</b>	<b>(121,080)</b>



to be a large increase, the Building Committee was able to submit counter offers from the original \$58.00 per square foot as offered by Victoria Ward. This increase in lease rent would not have a financial impact on the operation of the building because all new office leases include a pass through clause which would allow HMA to pass such increases to tenants.

With a new land lease for 10 years HMA can now look forward towards refinancing the present Agreement of Sale. One of the problems has been that financial institutions wanted at least 10 years of fixed lease rent before considering a mortgage. The Building Committee will continue to investigate alternatives for re-financing the Agreement of Sale as soon as interest rates show a decline. By waiting for a favorable interest rate, the value of the building would also appreciate, increasing our equity position. The HMA building was estimated to be presently valued at \$2.5 million.

Occupancy at 320 Ward Avenue is now at 100%. It is expected to remain high until 1984 when the next lease comes up for re-negotiation. Lease negotiations with several of our other tenants have been successfully concluded until December 1986. All new leases that were negotiated this year included a pass through clause for the land lease increase. Cash requirements for the HMA building will be met from income generated by lease rents received. It is expected that the HMA building will have a successful operation again next year.

Recommendations:

- 1. Repeal the Capital Fund Advance Plan by increasing dues by \$100.00.
- 2. Consider potential development alternatives for 320 Ward Avenue.
- 3. The tentative Building Fund Budget be approved as submitted.

ELMER C. JOHNSON, M.D.  
Chairman

Resolution No. 1

ACTION: Adopted as amended

Re: Capital Fund Advance Plan

WHEREAS, the Capital Fund Advance Plan (commonly known as the "Dang Plan"), while serving a most useful purpose for the past five years, seems to have outgrown its usefulness to the HMA, and

WHEREAS, the philosophy of the Capital Fund Advance Plan has appeared to restrict membership recruitment and retention, and

WHEREAS, the HMA Finance Committee believes that there is a more favorable approach to continue financing the HMA building, now therefore, be it

RESOLVED, that the Capital Fund Advance Plan be suspended immediately, and be it further

RESOLVED, that the general dues of the HMA be increased an additional \$100 per year, over and above any other increases to meet operational requirements, beginning with 1982, and until long-term financing is obtained for 320 Ward Avenue, and be it further

RESOLVED, that general dues monies be utilized, as determined by the HMA Council, for support of the HMA building and to begin repayment of loans from members based on the following guidelines:

- 1. Members fully paid loan: \$150 per year repayment;
- 2. Members paying 4-5 years: \$50 per year repayment;
- 3. Members paying 1-3 years: \$25 per year repayment, and be it further

RESOLVED, that individual physicians may request deferment of repayment.

HMA FINANCE COMMITTEE

Bureau of Research and Planning

ACTION: Approved

The Bureau of Research and Planning had one meeting during the year to discuss 1) HMA Auxiliary Long Range Planning Committee report and 2) Guidelines for Additional Component Societies.

The HMA's Auxiliary Long Range Planning Committee met with the Bureau to discuss their recommendations on restructuring the Auxiliary. They proposed that 1) beginning 1982, when funding for National dues ceases, national membership be on a voluntary basis for each doctor's spouse, 2) the name of

Hawaii Medical Association Auxiliary (HMA/A) be retained; that the HMA/A Council be composed of five members, that the Auxiliary have continued representation on the HMA Council, and 3) the administrative year and the fiscal year of each county auxiliary and the state auxiliary be uniform. After much deliberation it was voted to recommend to the HMA Council that HMA support the continued existence of the Auxiliary under their proposed plan.

In regards to Council's direction that the Bureau develop proposed guidelines for additional component societies with a single county of the state, it was voted to recommend to the Council the following proposed guidelines:

- 1. Original parent existing county society covering the area making application formally recommends approval.
- 2. New society formed shall be of a size to be able to manage and shall assume the financial responsibilities of a component society.
- 3. Distance from the center of major city (urban area) proposed county society to the middle of the major city (urban area) of existing county society exceeds 100 miles.

The Bureau also discussed bylaws amendment 1.03 reflecting the above guidelines. The modified bylaws amendment 1.03 voted upon to recommend to Council was:

"Any contiguous urban or rural area in any one county of the state may make application to the HMA House of Delegates to form a component medical society. Approval of such application may be made by the HMA House of Delegates based upon guidelines established, from time to time, by the HMA House of Delegates."

Other items of concerns such as manpower, peer review, block grants that affect the Association have been discussed in various Ad Hoc Committees during the year. With decreasing federal grants, and funding, no new projects were pursued.

Recommendations:

- 1. Continue to keep abreast on government programs and projects as it relates to Hawaii Medical Association; and
- 2. be available to assist in any Council's deliberations.

CALVIN C.J. SIA, M.D.

Emergency Medical Services (EMS)

ACTION: Approved with the deletion of the budget request for MICT Graduations

ANNUAL REPORT  
FISCAL YEAR 1981  
JULY 1, 1980-JUNE 30, 1981  
EMERGENCY MEDICAL  
SERVICES (EMS)

A. Contract Negotiations for Fiscal Year 1981

1. State Fund Contract - \$623,225.08

In July, 1980, the HMA received verbal notification from the State Department of Health on their intent to again contract with the HMA for performance of EMS activities during Fiscal Year 1981 (July 1, 1980-June 30, 1981). On August 11, 1980, the President of the HMA wrote to the State Director of Health requesting:

- a. an advancement of monies for July, August, and September, 1980; and,
- b. execution of a contract between the State Department of Health and the Hawaii Medical Association for Fiscal Year to include the scope of services and budget.

On August 14, 1980, the HMA received from SDOH a listing of the proposed scope of services to be performed under the State funding for the period July, 1980-June, 1981. HMA was informed at that time that no funds could be released to HMA until a contract was written and executed.

On September 24, 1980, the HMA received from the SDOH Contract No. 81-149 for the period July 1, 1980-June 30, 1981. This contract was signed on Sep-

tember 29, 1980 by the HMA. HMA received its first payment under this contract on October 9, 1980. Following the execution of the contract in September, 1980, payments from the SDOH to the HMA have been received in a timely manner throughout the fiscal year.

2. Federal Fund Contract - \$253,588.00

During the months of September and October, 1980, the HMA was in negotiations with the SDOH regarding the scope of services and funds to be made available to HMA under EMS 1203-1 federal grant award to the SDOH.

In November, 1980, HMA-EMS proceeded with grant implementation even though the contract for such services was not executed until January 22, 1981.

HMA received its first payment under the federal fund contract from the SDOH on March 10, 1981 and the funds have been received in a timely manner since that date. This contract (using federal funds) was for the period November 1, 1980 to July 31, 1981 for a total of \$253,588.00, of which \$147,780.00 was contracted by HMA to the Employment Training Office of the Community Colleges for the provision of Neighbor Island First Responder and EMT Training and Retraining.

Under the Contract for the Period November 1, 1980-July 31, 1981 Federal Funds - \$253,588.00, HMA was Responsible for the Implementation of the Following Activities:

- Contracting with the University of Hawaii for services to be rendered by its Community Colleges (Employment Training Office) on the Islands of Kauai, Maui, and Hawaii. The Community Colleges were responsible for training and retraining first responders (firefighters, ocean lifeguards, and police officers), and ambulance personnel (EMTs).
- Evaluation, monitoring, and assisting the Neighbor Island Community College EMS Training Centers with the development and standardization of State approved Basic Life Support (BLS) training and retraining programs.
- Design of a trauma curriculum for critical care nurses.
- Contract for the design and conduct of a telephone survey of Hawaii, Maui, and Kauai counties to determine knowledge and attitudes of the public to emergency medical services.
- Contract with HMA-EMS Physician Consultants to develop critical care plans as specified in the federal grant for the eight critical care categories: trauma, cardiac, spinal cord injury, behavior, burn, poisoning, high-risk neonate,

Hawaii Medical Association—  
Building Fund  
1982 Rent Income Project

SUITE NO.	TENANTS	ANNUAL
100	Locations, Inc. . . . .	\$ 23,940
101	A & T, Inc. . . . .	29,640
104	Tollefson . . . . .	26,565
105	Physicians Exchange of Honolulu . . . . .	18,700
107	Ann Jefferies, Realtor . . . . .	9,120
108	J & B Travel . . . . .	8,210
109	State Management . . . . .	16,420
200	Hawaii Medical Association . . . . .	-0-
202	Hospital Association of Hawaii . . . . .	21,090
203	Flintkote Company . . . . .	7,440
204	Hospital Association of Hawaii . . . . .	8,550
205	Suzanne Stevens Weight Loss Clinic . . . . .	13,340
206	Allen Shimizu . . . . .	11,685
207	Hawaii Tumor Registry . . . . .	-0-
	TOTAL . . . . .	\$194,700



and high-risk maternal. (The HMA-EMS Executive Board requested that the drafts of these plans be circulated to the specific specialty societies in Hawaii for review and comment, including the Hawaii Chapter American College of Emergency Physicians, prior to finalization and submission to the SDOH.)

- Contract with the Hawaii Academy of Pediatrics to develop standards of care for emergency pediatric patients, statewide.
- Contract with M/M Associates (Dr. Chester McCall) for the conduct of critical care patient tracer studies (REMMIS format) on the Neighbor Islands and Oahu.
- Contract with a communications consultant responsible to the SDOH for the design, inventory and assessment of the Statewide EMS telecommunications system.

*Under the Contract for the Period July 1, 1980-June 30, 1981 State Funds — \$623,225.08, HMA was Responsible for the Implementation of the Following Activities:*

- Train and retrain ambulance personnel (emergency medical technicians — ambulance for Oahu, and Mobile Intensive Care Technicians [paramedic level] from the entire State).
- Provide continuing education of emergency, intensive care, and critical care nurses (Statewide).
- Provide training and retraining of public safety first responders for the Island of Oahu.
- Accomplish Statewide data collection and analysis of emergency medical care delivery.
- Provide Statewide evaluation of emergency medical services.
- Conduct research and develop information on techniques for handling disasters and poisoning.
- Disseminate information to the public to enable rapid and knowledgeable use of emergency medical services system.
- Provide consultation to the Department in its preparation of a grant application to the Secretary of the U.S. Department of Health and Human Services for available federal funds to develop the State Comprehensive Emergency Medical Services System.
- Review drugs and supplies for use by MICTs in the State of Hawaii and submit recommendations to the Department.
- Update categorization of acute care facilities throughout the State of Hawaii.
- Provide consultation and basic life support training to emergency medical personnel when requested statewide by the Department.
- Assist the Department in the standardization of emergency medical technician and public safety training programs provided throughout the State.
- Design, implement, and conduct retraining programs for personnel according to the State CME requirements for ambulance personnel necessary for certification under Chapter 48, Public Health Regulations.
- Assist the State Medical Control Officer in the performance of his duties and functions of medical control.

It should be noted that during Fiscal Year 1981, utilizing State funds, the HMA-EMS Program trained and retained 2,812 EMS personnel according to the following chart:

#### HMA-EMS TRAINING STATISTICS (TRAINING AND RETRAINING) JULY 1, 1980-JUNE 30, 1981 FISCAL YEAR 1981

Public Safety Training (Firefighters, Police Officers, and Lifeguards) .....	1,913
<i>(with an additional 459 requiring only the final exam)</i>	
Emergency Medical Technician Training .....	28
<i>Certified (with an additional 19 in training)</i>	
Emergency Medical Technician Retraining (CME) .....	25
EMT National Registry Examination .....	99

Mobile Intensive Care Technician (Ambulance Paramedic) Training .....	14
<i>Certified (with an additional 12 in training)</i>	
MICT Retraining (CME) .....	365
<i>(with an additional 25 meeting partial requirements)</i>	
Critical Care Nurses .....	368
Total Number Trained or Retrained by HMA-EMS during Fiscal Year 1981: .....	2,812

In-depth final reports covering the activities of the HMA-EMS Program under both State and Federal funds during Fiscal Year 1981 will be filed with the SDOH in July and August, 1981. Copies for review by interested members of the HMA will be available from both the HMA central office as well as the HMA-EMS Program office.

#### B. Status Summary of the HMA-EMS Executive Board meetings for the Period July 1, 1980-June 30, 1981

The HMA-EMS Executive Board met the fourth Monday of each month throughout the year. In addition, several special meetings were held to discuss aspects of the program. The Board discussed major programmatic activities and provided overall policy direction to the program. The members of the Board were as follows: five voting members and one alternate (three members representing the Hawaii Medical Association and one alternate member); one member representing the State Department of Health; and one member representing the Hawaii Hospital Association. In addition, there were several non-voting members in attendance at the meetings. The HMA-EMS Executive Board reported directly to the Hawaii Medical Association's Council. Pertinent agenda items discussed over the past fiscal year included:

- Medical Control Officer for Oahu
- Review of Oahu and Neighbor Island Vertical Categorization Findings
- Status of HMA-EMS Contracts with the State Department of Health for Fiscal Year 1981
- Presentation of Distinguished Achievement Award from the Hawaii Heart Association to Mary Kelso, R.N., HMA-EMS Public Safety Coordinator/Instructor
- Recommendation from Board on Degree of Involvement of HMA-EMS in Statewide Training
- Approval of HMA-EMS Physician Consultants for Fiscal Year 1981
- MAST Medevac Report
- Review of Grant Application for submission to the Leahi Trust Research Foundation
- MAST Suit Study
- Review of correspondence from the State Department of Health approving additions and deletions to MICT Drug and Equipment List
- Discussion of Trauma Center designation for Hawaii
- Medical Control Status Reports for Oahu, Maui, Kauai, Hawaii, and Statewide
- Apprenticeship Program for ambulance technicians (concept presented by the City & County of Honolulu)
- Recommendation by the Board to the State Department of Health on Sorenson's Dial-A-Flu for regulating Dopamine on the ambulances
- Amendment to contract with Evaluatory Consultant (Fiscal Year 1981)
- Poison Center Interstate Telephone Number
- Review of "Mannedex" Grant Proposal
- Evaluation of MICT shortage on Oahu
- Review of HMA-EMS Physician Consultant activities
- Review of Critical Care Plans — draft form
- Review of EMT and MICT CME Proposals
- Pre-hospital infusion of Dopamine proposed study on first 100 cases.
- Review of plans for monitoring, evaluating, and standardizing Neighbor Island EMT and First Responder Courses
- Review of EMS Proposed Legislation

- Review of proposals for design and conduct of Neighbor Island Telephone Survey
- Discussion with Federal EMS site visitors on federal requirements for grantees
- Review of EMT National Registry Examinations
- Review and discussion on the shortage of trained ambulance personnel for the City & County of Honolulu
- Emergency Child Health Services Act of 1981
- Overview of Second Year 1203 Federal EMS Grant Request
- Review and discussion of Ethics Commission Opinion
- Review and discussion on request from City & County of Honolulu to increase EMT class size
- Review of Proposed Fiscal Year 1982 Budget for HMA-EMS Program
- Discussion and recommendations on future of HMA-EMS Program.

#### Budget Request for Fiscal Year 1983

MICT Graduations —	\$600/year
Legal Fees	\$2,000/year
DOUGLAS C. OSTMAN, M.D.	
Chairman	
HMA-EMS Executive Board	

### Executive Director

#### ACTION: Filed with commendation for an excellent job by the the Executive Director

Time stands still for no one, not even 125-year old medical associations like the HMA. This past year has been a year of self-evaluation and change for the HMA, and the HMA staff has adapted marvelously. The numerous and wide variety of issues faced and the accomplishments of HMA through its committees, commissions, bureaus, and other bodies have made the HMA a potent force in medicine in Hawaii. These issues and accomplishments are detailed in individual reports. The focus of the HMA leadership this past year was *Members* — representing them, listening to what they want, and to recruit them into organized medicine.

The changes in focus to membership representation and benefits can be seen in so many areas, such as HMA's undertaking to develop outlines of cancer management, voluntary AMA membership, opportunity to form additional component societies, legislation and lobbying, and a whole host of money-saving and beneficial services, including discounts and/or services for office management consultations, car rentals, auto maintenance, printing, auto and equipment leasing, legal consultation, practice management workshops and programs, gasoline purchases, and encyclopedia purchases. Health spa discounts, sporting good discounts, and car purchasing discounts are all but ready, at this writing, to be instituted. I would venture and estimate that the average physician using a majority of the services and discounts available through HMA would save much more than the annual dues.

Perhaps the single most exciting event for HMA this year was its bringing to Hawaii's physicians a choice in professional liability insurance coverage, the culmination of at least four years of research, investigation, study, and discussion with professional liability insurance of all kinds. Medical Insurance Exchange of California (MIEC), a physician-owned, non-profit company, incorporated in 1975 to meet the professional liability crisis at that time, was licensed to sell professional liability insurance in Hawaii in April, 1981. The rates for coverage are lower in a majority of classes than what is currently available. The biggest factor, in my opinion, that makes this program potentially attractive is its philosophy, which mandates the use of HMA's (or component society's) peer review system, and its ownership, which are those physician policy-holders in the company. There is no profit to be made — no stockholders to satisfy — just coverage of physicians. All earnings, whether generated by premium dollars or investments, accrue 100% to the benefit of the policyholders.

On this occasion of HMA's 125th Anniversary, I believe that medicine has much to look forward to in the years ahead, but these years will not be without



concerns — concerns in health care costs, legislation, manpower, financing of health care services, effective peer review, and health planning. Internally, the HMA must contend with concerns over operational costs and the level of dues, its building and its financing, the proper body to oversee the emergency medical services training program, among others. But it is my firm belief that HMA and medicine will meet these concerns and their challenges with dignity and pride as it has done in the past. The Business/Medicine Coalition established this year has brought new stimulus and contacts in approaching mutual concerns of business and medicine. The proposed Hawaii Health Institute could hopefully address, on a multidisciplinary basis, but with appropriate physician input, some of the sticky concerns identified. A grievance process and negotiation skills and strategies will need to be further developed.

Legislation, locally and nationally, will need to be watched closely, for there are still dangers for medicine. Adequate funding of HAMPAC is a must if medicine is to be heard. The re-activation of the Hawaii Foundation for Medical Care will give the HMA and medicine a real opportunity to look at issues and alternatives in insurance and in utilization and peer review.

The HMA leadership can never be appreciated enough for their time, efforts, and dedication to physicians and their patients. But the way in which HMA has continually met challenges, and the successes of HMA in generating credibility in its positions, auger well for medicine. These leaders have much to be proud of; the HMA membership has much to be proud of. I see this trend to continue. The HMA staff, as in so many years past, continues to provide that superb and dedicated effort and service of which I can only swell with pride. Every physician should be equally proud.

I do want each member, and especially the HMA leadership, to know how much I appreciate the opportunity to serve you. It is stimulating and rewarding.

*Recommendations:*

1. That a balanced budget be adopted for 1982.

JONATHAN R. WON  
*Executive Director*

## Hawaii Foundation for Medical Care

### ACTION: Filed

The Hawaii Foundation for Medical Care (HFMC) is a not-for-profit, insurance arm of the HMA, established in 1961 under the Honolulu City Medical Society. It became extremely active between 1966 and 1971 in sponsoring health insurance programs through commercial carriers, and up to 1975 in sponsoring self-insured plans. Since 1978, the HFMC has been in limbo but retained as an organization for possible HMA use in insurance-related activities. In fact, the HFMC was the lead organization in the creation of the local PSRO.

In 1981, a number of events has led to the reactivation of the HFMC and a new board is in the process of being formed by the HMA Council. These events are:

1. The proliferation of commercial carrier health insurance programs, namely, Prudential, Travelers, and C.A.R.E.S., being selected and their interest in HFMC claims and utilization review;
2. The Consumers Health Investment Plan (CHIP) approach for health insurance as promulgated by the Louisiana State Medical Society;
3. The "pro-competition" approaches to health insurance proposed at the national level;
4. The drastic cutbacks in federal funding for the PSRO Program, near-demise of our local PSRO, and concern for an alternative to PSRO review on a private, voluntary basis; and
5. A need for effective peer review relating to the operation of the Board of Medical Examiners and to the Medicaid program.

The HMA President feels that these issues may be best evaluated and recommendations made through an organization such as our HFMC. It would appear that the HFMC could become an extremely busy organization next year.

JONATHAN R. WON  
*Administrator*

## Legal Counsel

### ACTION: Approved with commendation for the dedicated efforts of Legal Counsel; that the recommendation made by Legal Counsel (paragraph 4) should be referred to the Legislative Committee for study and action.

This report covers the approximate 12-month period from September 12, 1980 through September 20, 1981.

During this period your legal counsel attended the sessions of the House of Delegates and the Reference Committees, and attended most of the Hawaii Medical Association Council meetings. In addition to services to Hawaii Medical Association and Honolulu County Medical Society, services were also rendered to Physicians Exchange and the EMS program.

Subjects on which we conferred with the officers and other authorized personnel of Hawaii Medical Association and Honolulu County Medical Society related to: preliminary review of incorporation of the auxiliary; extensive exploration of the practical and legal problems of having peer review committees of specialty societies or associations becoming sub-committees of HMA or HCMS Peer Review Committees; or as an alternative seek legislative change to §663-1.7 to extend immunity to specialty society peer review committees; continued exploration of yellow page designation for HMA members; review of the rationale for publishing the names of doctors receiving Medicaid payments; reviewing and advising against an appellate review of a peer review of a non-HMA member by another community-based peer review organization; an employee relationship problem; the reasonableness of a treating physician being asked to provide "expert" testimony for the usual subpoenaed witness fee; reviewing and assisting in reply to a request for cooperation from a non-medical doctor; responding to a request relating to peer review of a non-member and suggesting procedures if the policy decision was to undertake non-member peer review; review of Special House of Delegates meeting procedures and less than county sized medical societies and non-AMA bylaw drafts; reviewed the question of the taxability of auxiliary's sale of advertising; reviewed the provisions of §624-25.5 relating to a demand for discovery of peer review records of a county society; reviewed an "equal time" demand relating to a "Your Body, Your Mind" program and referred the question to the station; reviewed questions relating to screening building lessees for compatibility with HMA; explored without conclusion the definition of "an adverse decision" for purposes of reporting to the Board of Medical Examiners; assisted in responding to an administrative demand for records of HMA; research and responding to a query relating to the ownership of X-rays; reviewed the proposals for contracting out publication of the HMA Journal; responding to auditor's requests; responding to Physicians Exchange contract questions; reviewing a reduced fee plan for fairness; reviewing the duty of a deceased physician's personal representative to deliver patient records to a successor physician; and miscellaneous other matters.

It should be noted that there has not been any further decision in the U.S. District Court case relating to DSS&H administrative access to medical records. It is also your counsel's opinion that Rule 504, Hawaii Rules of Evidence, eliminates or seriously reduces patient privilege relating to the confidentiality of physician's records as distinguished from communications from the patient, and the matter should receive the attention of the Legislative Committee with an eye to restoring the broader privilege formerly contained in §621-20.5, Hawaii Revised Statutes, which made "any information . . . acquired in attending a patient . . ." privileged, not just "communications."

The office of your legal counsel, as well as your counsel, have provided and are providing legal assistance in the acquisition and development of an unrelated business (printing) activity and entity for HMA.

Your legal counsel attended one of two meetings of the Society of Medical Association Counsel held in 1980-81, and shared concerns and suggested reactions of that membership with HMA staff on several ongoing areas in which organized medicine is continuing to be placed on the defensive. Again this attendance was

at HMA's expense for travel and per diem expenses, but without charge by counsel for the time involved away from the office.

Your legal counsel has no specific recommendations, and no budget requests.

V. THOMAS RICE  
*Legal Counsel*

## HMA President

### ACTION: Filed as amended with commendation for Dr. Neal Winn's dynamic and innovative leadership during this year of medical, economic, and social changes.

A review of our performance and the progress of the HMA during the past year can probably most easily be accomplished if we reflect up those areas determined to be of highest priority by our Leadership Conference in August, 1980. We were directed at that time to concentrate our efforts in four areas: 1) quality of care; 2) representation of physicians at the Legislature and in contact with Governmental and community agencies; 3) enhancement of the physicians' public image; and 4) strengthening the financial stability of the HMA.

## Quality of Care

Concerning the first, the quality of care, the activities of the many committees under the CME/Peer Review Public Health Commissions have continued as they have in the past. Additionally the Peer Review Committee has begun evaluating PSRO in an effort to develop an effective though voluntary alternative to PSRO once proposed defunding of PSRO becomes a reality. It is essential that any similar organization be physician-directed. A system providing positive reward such as more favorable reimbursement for those physicians providing quality care with good utilization might be more effective than simply applying negative sanctions for poor or inappropriate care or overutilization.

An Alternate Practices Committee has been started with the intent of reviewing new or improved practices both by our own M.D.'s rather than on attacking other professionals or paraprofessionals.

After many hours of evaluation and discussion the Manpower Committee succeeded in reaching an agreement with the Dean of the John A. Burns School of Medicine on the desirability of a gradual reduction in medical school class size. Discussions are now underway to evaluate the possibility of reducing the size of some of our Residency Training Programs while attempting to avoid any compromise in the quality of the patient care in our teaching hospitals.

Our EMS Program has received considerable criticism this year, much of it unwarranted. Our program has been praised by federal officials as one of the finest in the country. Nonetheless, in an effort to strengthen that program still further, staffing changes have been accomplished and the EMS Board has been expanded to improve and broaden community input.

The Board of Medical Examiners has worked with our leadership in assessing factors weakening its effectiveness. A number of corrective legislative proposals are being developed. The commitment of our licensing fees to a special BME fund would permit the Board to develop its own investigative capabilities. The Board itself might be restructured to include an investigative division and an adjudicative division in order to assure due process. Another option under consideration is the establishment of an advisory committee of physicians to function within the Department of Regulatory Agencies to advise its staff on investigative matters. An effort will be made to better define terms such as "inappropriate" medical care to assist the Attorney General's office in enforcing the Medical Practices Act.

Specialty societies wishing to do peer review should be assured the same immunity provided to our peer review process. The current Medical Practices Act needs clarification or correcting in this regard.

## Representation of Physicians at the Legislature and with Government and Community Agencies

Numerous hours of physician and staff time are



**HAWAII MEDICAL ASSOCIATION 1982 BUDGET**  
(As amended and adopted by the HMA House of Delegates, 10/14/81)

devoted to this priority area. Action of the Legislature on bills of interest to the HMA suggest that our efforts are being rewarded. Please refer to the report of our Legislative Committee for further details on our activity and a review of those bills which warrant our interest in the next session of the Legislature. While the efforts of our staff and our committee members are commendable I am personally concerned about the way these responsibilities impact on the availability of key staff people to carry on other essential activities of the HMA during the Legislative session. Legislators themselves and our own Legislative Committee have urged us to improve our effectiveness by hiring a lobbyist. Budgetary restraints have thus far precluded this; but I feel strongly that we must obtain such a lobbyist as soon as feasible.

In an attempt to assure a more aggressive program for the legislative session rather than simply reactive to legislation when proposed, we have tried to appoint the Committee and its chairman right after the session is completed instead of after the incoming President assumes office. We should make every effort to do this in the future. Perhaps we should do the same with HAMPAC.

Contributions to HAMPAC this year have been a serious disappointment. We must increase these contributors in the future if we're to be effective in our lobbying efforts.

## Enhancement of the Physicians' Public Image

A small number of our physicians have been meeting monthly with key representatives from the major private employers in the State as a *Business/Medicine Coalition* in an effort to identify important concerns that business has with regard to health care. Obviously the increasing cost of care is one of the most serious problems. The impact of sick leave and temporary disability has been targeted by this group for our immediate investigation. We're planning a program on this subject for the membership in the next few months and hope to develop guidelines that physicians can follow in managing patients with the more common types of disability. Most importantly we're attempting to establish better rapport with the business community so that we can approach their concerns about the delivery of health care on a cooperative rather than an antagonistic basis.

Your leadership is also participating on the Voluntary Cost Containment Committee — a community effort to increase our consciousness of the cost of care and to investigate and promote programs to contain those costs.

In another effort to improve our community relations, the Hawaii Health Institute has been initiated as a committee of physicians and representatives of labor, big and small business, government and the general public. The Committee's role at the moment is not well-defined; it is now serving as a sort of sounding board off which we can bounce such things as legislative proposals, or possible alternatives to such programs as PSRO or SHPDA should they lose funding.

Our public relations staff person resigned early in the year to accept a better job offer. Because of lack of funds she hasn't been replaced. That sort of staffing limitation and budgetary restraints have severely hampered our efforts in the public relations arena. Our HMA Updates, brief one-page reviews of important topics or reports of specific activity, have been curtailed. Plans for a weekly column on the Star Bulletin Health Page have been set aside. And efforts of our Media Response Committee to provide rapid media releases on important health issues have lagged.

Recently our Council has voted down a proposal of the Public Affairs Commission to continue funding Tel-Med and "Your Body — Your Mind", our educational TV program, despite results of a membership survey quite favorable to the program. Again the primary reason for this action was in order to obtain a balanced budget. It is really unfortunate that our limited budget has so severely restricted our public relations efforts at a time when we physicians are being subjected to increasing criticism, in the media, frequently unjustified. One of my major concerns is that because of this lack of funding support many of the talented physicians who have devoted considerable hours to these programs will withdraw from active involvement in the Association. To rekindle their interest or that of other physicians later if and when money does become available may be very difficult.

### INCOME

	Est. Actual 1981	Budget 1981	1982 Budget
1. Dues	\$215,000	\$220,000	\$348,000
2. Journal	40,000	48,000	8,000
3. Annual Meeting	26,000	26,000	35,000
4. CME	150	500	300
5. Fee Survey	400	-0-	200
6. Roster	900	2,500	10,000
7. Contract Services — HCMS	89,325	89,325	100,000
8. Dues Collection Service	1,300	1,700	500
9. EMS Accounting Service	12,000	12,000	15,000
10. ATI Accounting Service	3,000	-0-	6,000
11. Interest Earned	14,000	14,000	18,000
12. Miscellaneous	-0-	100	-0-
13. Other Reimbursed Revenues	35,000	54,500	1,000
14. Payroll Tax Reimbursement	42,000	42,000	45,000
15. Managerial/Sec. Serv. (ATI)	9,000	-0-	20,000
16. Printing/Xerox	10,000	5,500	500
17. Retirement Reimbursement	100,000	100,000	101,000
18. Travel Reimbursement-TR	4,000	2,000	9,100
19. Indirect Occupancy Costs-TR	28,000	-0-	36,000
20. Indirect Costs	20,000	-0-	-0-
<b>TOTAL</b>	<b>\$649,875</b>	<b>\$618,125</b>	<b>\$753,600</b>

### EXPENSES

	Est. Actual 1981	Budget 1981	1982 Budget
1. Salaries	\$247,000	\$267,000	\$280,000
2. Telephone Answering Service	6,800	-0-	7,200
3. Auditing	7,100	7,000	7,500
4. Auto Expenses	5,500	5,500	5,800
5. Computer Maintenance	3,600	19,200	4,000
6. Computer Reports/Suppl.	1,000	1,000	1,000
7. Council Contingency	-0-	-0-	-0-
8. Council Expenses	5,100	5,000	5,300
9. Donation	1,000	1,000	-0-
10. Dues and Subscriptions	750	750	750
11. Education and Training	-0-	-0-	-0-
12. Equipment Purchase	-0-	400	-0-
13. HAMPAC Education	500	500	500
14. Insurance and Bond	11,200	11,000	12,000
15. Interest Expense	6,500	1,500	8,000
16. Lease — Office Equipment	300	600	-0-
17. Legal	7,000	12,000	8,000
18. Library	-0-	-0-	-0-
19. Meeting Expense	9,000	10,000	8,000
20. Miscellaneous	-0-	-0-	-0-
21. Postage	7,000	6,000	8,000
22. President's Assistant	-0-	-0-	-0-
23. President's Contingency Fund	1,200	1,500	1,550
24. Repairs and Maintenance	5,200	5,000	6,000
25. Retirement Contribution	105,000	105,000	100,000
26. Retirement Admin. Exp.	6,000	3,000	3,000
27. Special Authorized Exp.-TR	6,000	5,000	9,100
28. Stationery, Printing, Supplies	15,000	18,000	16,500
29. Taxes	54,000	54,000	56,000
30. Telephone	3,600	4,000	4,000
31. Travel	13,000	14,000	15,000
32. Auxiliary	14,100	14,100	4,400
33. Committee Expense	19,100	19,000	15,600
34. Journal	45,000	44,000	4,000
35. Annual Meeting	23,000	23,000	35,000
36. Roster	-0-	-0-	6,000
37. CME	-0-	400	400
38. Fee Survey	-0-	-0-	-0-
39. Occupancy Costs	38,000	-0-	86,000
40. Building Loans	-0-	-0-	35,000
<b>TOTAL</b>	<b>\$666,550</b>	<b>\$661,050</b>	<b>\$753,600</b>
<b>NET GAIN (LOSS)</b>	<b>(\$ 17,675)</b>	<b>(\$ 42,925)</b>	<b>(\$ -0-)</b>

### SCHEDULE OF COMMITTEE EXPENSES

	Est. Actual 1981	Budget 1981	1982 Budget
1. Legislative Committee:			
Lobbyist	\$ 500	\$ 1,000	\$ 12,000
Entertainment	800	2,500	1,500
<b>SUBTOTAL</b>	<b>\$ 1,300</b>	<b>\$ 3,500</b>	<b>\$ 13,500</b>
2. Public Affairs Committee:			
News Media Awards	1,100	800	1,200
Science Fair Awards	200	200	200
Tel-Med	10,000	8,000	-0-
3. TV-Radio Committee:			
Video/Production Costs	5,200	5,200	-0-
4. Public Affairs Committee:			
125th Anniversary	1,000	1,000	-0-
<b>SUBTOTAL</b>	<b>\$ 17,500</b>	<b>\$ 15,200</b>	<b>\$ 1,400</b>
5. Sports Medicine Seminar	300	300	200
<b>TOTAL</b>	<b>\$ 19,100</b>	<b>\$ 19,000</b>	<b>\$ 15,600</b>



Financial Stability of the HMA

The last area of major priority indicated by our leadership conference was the financial stability of our HMA. In accordance with directives of our last House of Delegates, our Finance Committee and Staff have developed a balanced budget and are projecting a 2-year budget. Clearly we are having to sacrifice important programs to do so. It would be most helpful if the Finance Committee could note in our annual budget how much is allocated to each of our high priority areas.

The most obvious key to our future viability is on expended membership. It is essential that we move into a positive cycle of more members who will provide increased income, permitting an expansion of our activities and programs, thereby attracting additional new members. A considerable portion of our efforts this year have been devoted to this goal.

Two major impediments repetitively brought up by non-members and by members resigning from the Association have been the issues of unified membership and the Dang Plan or building loan fund. To address the former, a special House of Delegates was held in May, 1981, and voted to make membership in the American Medical Association voluntary. Your leadership wishes to emphasize that this should not be interpreted as any serious dissatisfaction with the AMA but only as a reflection of the wishes of most of our members that such membership be voluntary.

A proposal to modify the Dang Plan in order to change the annual non-deductible \$100 loan to the building fund to a deductible dues-payment specifically allocated for that fund has been presented to this House of Delegates. Hopefully it will meet with approval and remove another impediment to membership.

Beyond this your leadership has made a serious effort to develop programs economically advantageous to our members in hopes of reducing the net cost of membership. A physician taking advantage of our radio page discount, the auto maintenance plan, the discount gas plan, our printing services, etc., should experience significant savings. Other similar programs such as the fleet purchase of automobiles should further offset our dues.

Perhaps even more importantly, the recent purchase of our printing company symbolizes a new philosophy of attempting to generate additional sources of income in order to minimize our dependence on dues income. Other possibilities deserving exploration include cooperative purchasing of medical supplies and the possible acquisition of a travel agency.

For the immediate future, however, our highest priority must be the expansion of the number of physicians our organization represents. Each and every one of us must make an effort to encourage non-members to join organized medicine.

Lastly, I would like to submit the following recommendations to the House of Delegates for consideration:

- 1. Endorsement of the Legislative Committee's recommended proposals to enhance the functions of the Board of Medical Examiners:
  - a. creation of BME fund for adequate staffing and investigative capability;
  - b. establishment of an advisory medical committee to assist the Department of Regulatory Agency in its investigative role;
  - c. ensuring the investigative agency of access (including subpoena power) for those health records of patients whose cases have been involved in an adverse Peer Review decision of a physician under Board investigation, while expunging identifying data to preserve the patients' confidentiality;
  - d. alteration of the Medical Practices Act to eliminate or clarify ambiguous terminology and to assure full immunity in Peer Review activity for the Board, and for all Medical Societies and Specialty Societies representing significant numbers greater than 50% of eligible members.
- 2. Support of the Legislative Committee's budget request for lobbyist if at all economically feasible within a balanced budget;
- 3. Selection of Legislative Committee and its chairman and the HAMPAC Board and its chairman in May each year;
- 4. Additional support of the budgetary requests

of the Public Affairs Commission if feasible to permit support of "Tel-Med and "Your Body — Your Mind" or other alternatives that the Commission might develop;

5. Further breakdown of our budget by the Finance Committee to indicate amounts allocated to each of our priority areas;

6. Continued participation in and support of the Business/Medicine Coalition, the Voluntary Cost Containment Committee and the Health Institute;

7. Continued efforts in membership recruitment and increased membership benefits;

8. Continued exploration and development of alternate sources of income.

NEAL E. WINN, M.D.  
President

Treasurer and Finance Committee

**ACTION: Approved as amended with commendation to the Treasurer for achieving a balanced budget.**

Your Treasurer and your Finance Committee were extremely pleased when the Leadership Conference in September, 1980, recommended, and the HMA House of Delegates adopted, in October, 1980, the four Missions to guide the HMA in its activities. One of those Missions was to strengthen organized medicine, and one very important strategy also adopted to meet this particular mission was to adopt balanced budgets for the HMA. For 1982, your Treasurer and your Finance Committee has submitted to Council, a truly balanced budget for 1982. Because of anticipated savings plus increased non-dues income, dues for 1982 are projected to be increased 7.7%. It is the hope of your Treasurer and your Finance Committee, that additional savings in program activities, increases in non-dues revenue, and increased membership will preclude dues increases on a yearly basis. We are so very cognizant of the costs of membership.

Your Finance Committee met during the year to oversee the funds and expenses of your Association.

We have seen to it that monies on hand are continually placed with financial institutions and plans which provide the most advantageous returns, and your Finance Committee has attempted to spend the Association's funds in the most wise manner.

Your Finance Committee has also evaluated the situation of the Current Capital Fund Advance Plan (CFAP) which was established by the House of Delegates in 1975 that enabled your Association to make a wise move to purchase our current office building. The CFAP has served an extremely useful purpose these past six years and was a significant factor enabling the HMA to own its own home. However, there is a growing feeling among the HMA membership, that a new approach to funding the building is needed. After careful deliberation and consideration, your HMA Finance Committee believes that it is time to look at a different approach which basically suspends the CFAP collections, begins repaying members on outstanding loans, and funds the building out of increased dues revenues. The approach recommended by your Finance Committee is detailed in Resolution No. 1 which has been submitted to the House of Delegates this year. Your Finance Committee asks that you review this resolution and make your views known to any member of the Finance Committee, the HMA offices, councilors, or delegates.

It is our hope that the directions adopted by the House of Delegates last year through HMA's four principal missions and their strategies, will allow your HMA to proceed forward as a renewed, strengthened, capable, and responsive organization of physicians.

Recommendations:

- 1. That the House of Delegates adopt a balanced budget for 1982.
- 2. That Resolution No. 1 be adopted, effective immediately.
- 3. That the dues for 1982 be \$435 per member.
- 4. That our auditors be Alexander Grant and Company.

WILLIAM H. HINDLE, M.D.  
Treasurer

Secretary

**ACTION: Approved. The Minutes of the Council Meetings, special session of the House of Delegates, and the 124th Annual Meeting of the House of Delegates were ratified as circulated.**

The total membership of the Association as of December 31, 1980 was 926, an increase of one as compared to December 31, 1979.

Four members died since the last meeting: Drs. Samuel Clark, Philip Chock, Thomas S. Bennett, and Frank McDowell.

By counties, as of December 31, 1980, the active membership was made up as follows:

County	Active Full Pay	Active Reduced Pay	Active Waived	Special Full Pay	Special Reduced Pay	Special Waived	Total
Honolulu . .	557	28	138	28	1	16	768
Hawaii . . .	44	-	14	2	-	-	60
Maui . . . .	57	-	16	-	-	-	73
Kauai . . . .	17	-	8	-	-	-	25
TOTAL . .	675	28	176	30	1	16	926

As of August 1981, the membership increased to 948 with the following breakdown:

County	Active Full Pay	Active Reduced Pay	Active Waived	Special Full Pay	Special Reduced Pay	Special Waived	Total
Honolulu . .	534	35	152	26	-	26	773
Hawaii . . .	46	-	17	1	-	-	64
Maui . . . .	65	3	18	-	-	-	86
Kauai . . . .	16	1	8	-	-	-	25
TOTAL . .	661	39	195	27	-	26	948

A pilot membership incentive program was continued in 1981 and expanded to include all four medical societies. Established members who recruit a new member into the Association receive a dues credit of \$100 of next year's dues. Membership benefits have been greatly expanded during the year and plans are underway for major membership campaigns in 1982.

Since the last meeting, the Council met on the following dates: November 7, 1980, and December 12, 1980; and in 1981 on January 9, February 6, March 6, April 3, May 1, June 19, July 10, August 7, and September 4.

Copies of the minutes of these meetings are attached for ratification by the House.

A copy of the minutes of the May 2, 1981, special Meeting of the HMA House of Delegates is also enclosed.

K.Y. LUM, M.D.  
Secretary



## Resolution No. 8

### ACTION: Not adopted

#### Re: Special Membership Category for Dept. of Health Physicians

The physicians of the Department of Health respectfully request the Hawaii Medical Association to consider establishing a special category of membership, and submit the following resolution.

#### TO THE HAWAII MEDICAL ASSOCIATION

WHEREAS, the Department of Health has apparently adopted a policy that membership dues in any organization cannot be paid by the Department of Health funds; and

WHEREAS, communication between the Department of Health physicians, and the Hawaii Medical Association is extremely beneficial to both bodies in many mutual areas of concern; and

WHEREAS, the income of the Department of Health physician administrators is definitely limited, and they are not actively engaged in private practice; and

WHEREAS, Department of Health physician-executives would welcome Hawaii Medical Association membership were it financially possible;

WE, THEREFORE, RESPECTFULLY request the Hawaii Medical Association to consider establishing a special category of membership for physicians actively engaged in work at the administrative levels of the Department of Health, and not engaged in private practice, to enhance free communication and coordination of medical and health-related activities of the State.

THOMAS A. BURCH, M.D., M.P.H.  
*Chief, Research and Statistics Office*

KLEONA RIGNEY, M.D.  
*Chief, Chronic Disease Branch*

## Community Research Bureau

### ACTION: Filed

The Community Research Bureau (CRB) is the elecmasonry, charitable, scientific, and educational arm of the HMA and is incorporated as such under the Internal Revenue Service Code, Section 501C(3). While the CRB is able to accept contributions for any scientific or educational cause which is tax deductible to the contributor, the CRB has served basically as a fiscal agent for the various grants for educational programs established and run by the HMA. The President has recently requested that the CRB look into the possibility of the CRB actively soliciting contributions from physicians and the public for general and specific educational or scientific programs. It is our understanding that a good number of other State and County medical societies have similar organizations to our CRB and actively pursue contributions.

The CRB has served an extremely important and useful function for the HMA and should be continued. The idea of actively soliciting contributions or establishing specific programs for funding should be investigated and evaluated during the coming years.

O.D. PINKERTON, M.D.  
*Chairman of the Board*

## A & T, Inc.

### ACTION: Filed

A & T, Inc. is a newly formed, for-profit, capital stock company of which the HMA is the owner of all shares of capital stock. It was established generally to provide for services to physician members, and others, by which income can be generated to lessen HMA's dependence on dues dollars for its operations. It was more specifically established to house the printing company purchased by the HMA in July, 1981. In the summer of 1980, the HMA staff embarked on a study of what physicians' printing needs were and were surprised at how varied and heavy such printing needs were. HMA began offering discounted printing service to members using our in-house facilities in February, 1981; within two months, our printing program succeeded so well we could not keep up with orders. At this time, HMA staff began investigating the acquisition of additional printing equipment, and, in the process of inquiring, discovered that a printing company was to be put up for sale. The company was an ongoing operation; all five years of its existence had net taxable income. The owner of this printing company had two other successful business operations all fam-

ily-run, and his father, who had primary responsibility for the printing company, planned to retire as he was 70 years of age. HMA expressed interest in acquiring this printing operation and was provided all financial statements and documents requested. HMA then reviewed this material with our legal counsel and our auditors. Believing the operation was a good acquisition in terms of offering benefits to members as well as generation of non-dues income, the HMA made an offer which was accepted. On July 10, 1981, the printing company, A & T, Inc., Printers, re-located to the HMA Building and was operational as the entire 8-member staff of the company came along with the company.

In the few short months of overseeing this printing company, it is clear that the HMA has made an excellent investment and is able to provide physicians, especially members, with high quality printing at extremely favorable rates. The commercial accounts have also continued to increase. The HMA Council has just recently elected a five-member board of directors of A & T, Inc., to oversee the operation of this printing company, under Dr. William Hindle, Chairman of the Board at the writing of this report. The board has yet to formally meet but will do so in the very near future. Financial statements and the terms of the acquisition are on file at the HMA office for inspection by any member.

It is our hope at HMA that each member will request an estimate on any and all printing needs — personal as well as professional — for we are confident that he or she will be pleased with the outcome.

JONATHAN R. WON  
*Executive President, A & T, Inc.*

## Pension Committee

### ACTION: Filed

Following the recommendations of the 1980 Leadership Conference and the adoption of such recommendation by the 1980 House of Delegates, the Pension Committee of five (5) members was adopted. The committee members are as follows: Representing the HMA members — Drs. William Hindle, Chairman, Thomas Kobara, and Henry Oyama; representing the HMA staff — Messrs. Jon Won and Nelson Jones.

It is the responsibility of this committee to review the pension plan for the HMA staff to assure the solvency of the pension fund.

WILLIAM H. HINDLE, M.D.  
*Chairman*

## HAMPAC

### ACTION: Filed

HAMPAC (Hawaii Medical Political Action Committee) activities in 1981, an off election year, were primarily directed towards planning for the election year of 1982. There was still candidate support activity however, and a total of \$475 was contributed to fund raising activities for 14 of our legislators.

Solicitation efforts for new members among the non-member physicians resulted in no new members.

A proposed educational seminar in September was found to be in conflict with the scheduled AMPAC Political Education Conference, September 17 and 18 in Washington D.C., therefore, the HAMPAC Board voted to subsidize the attendance of any board member for a total of up to \$300 to attend the meeting. The board members were polled by phone and none were interested in attending.

HAMPAC membership for 1981 totaled 63 contributors of which there were 7 sustaining members.

#### Budget Request:

In order to carry out the proposed activities for the coming year the HAMPAC Board of Directors submits a proposed budget for \$500 in the 1982 educational fund.

LEONARD HOWARD, M.D.  
*President*

## Nominating Committee

### ACTION: Approved

The HMA Nominating Committee met to receive nominations for officers and other elected positions of the Hawaii Medical Association that are to be elected by the HMA House of Delegates at its Annual Meeting on October 12-16, 1981.

The Nominating Committee submits to the House of Delegates the following slate of nominees:

President-Elect . . . . Calvin C.M. Kam, M.D.  
(1 to be elected, 1-year term)  
Treasurer . . . . . William H. Hindle, M.D.  
(1 to be elected, 2-year term)  
Delegate to AMA . Herbert Y.H. Chinn, M.D.  
(1 to be elected, 2-year term)

Neal E. Winn, M.D.

Councillors from Honolulu  
. . . . . Walter W.Y. Chang, M.D.  
(4 to be elected, 2-year term)

Henry H.C. Fong, M.D.

Allan K. Izumi, M.D.

Carl W. Lehman, M.D.

Thomas J. Whelan, Jr., M.D.

Quintin L. Uy, M.D.

Councillor from Hawaii . Arch T. Wigle, M.D.  
(1 to be elected, 2-year term)

(Councillor from Maui

. . . . . Russell T. Stodd, M.D.  
(1 to be elected, 2-year term)

WILLIAM W.L. DANG, M.D.

*Chairman*

## Election

**ACTION: The report of the Nominating Committee was presented and the President called for additional nominations from the floor. Dr. Neal E. Winn was nominated to the office of HMA President-Elect and withdrew his name as nominee for AMA Delegate. Drs. Philip Hellreich, James Lumeng, and Stephen Wallach were nominated as Councillors from Honolulu. Dr. Kenneth Grant was nominated as Councillor from West Hawaii. A motion to close the nominations was made, seconded, and passed. Drs. Douglas Bell, II, Dennis Fu, and E. Lee Simmons were appointed tellers, and the ballots were distributed. The following were elected:**

President-Elect . . Calvin C.M. Kam, M.D. (1982)  
Treasurer . . . . William H. Hindle, M.D. (1983)  
Delegates to AMA

. . . . . Herbert Y.H. Chinn, M.D. (1983)

Councillors from Honolulu

. . . . . Henry H.C. Fong, M.D. (1983)

Philip D. Hellreich, M.D. (1983)

James Lumeng, M.D. (1983)

Stephen J. Wallach, M.D. (1983)

Councillors from Hawaii

. . . . . Arch T. Wigle, M.D. (1983)

Kenneth E. Grant, M.D. (1983)

Councillor from Maui

. . . . . Russell T. Stodd, M.D. (1983)

The Nominating Committee was elected as follows: Honolulu — Drs. Douglas Bell, II, Thomas Cahill, Calvin Kam, Thomas Kobara, Winfred Lee; Hawaii — Drs. Ruben Casile, Kenneth Grant; Kauai — John Newman; Maui — Robert Bjornson.

## New Business

Dr. Winfred Y. Lee gave a brief report on the status of Pacific PSRO. Dr. Lee discussed the importance and need to continue independent physician-directed peer review.

**ACTION: It was moved, seconded, and passed that the HMA support the concept of a private, independent, physician-directed peer review organization in concurrent quality and utilization review.**

**ACTION: The House of Delegates voted to thank Dr. Neal E. Winn and commend him for all of his many devoted hours and innovative efforts during this past year as HMA President.**

The meeting adjourned at 5:55 p.m.

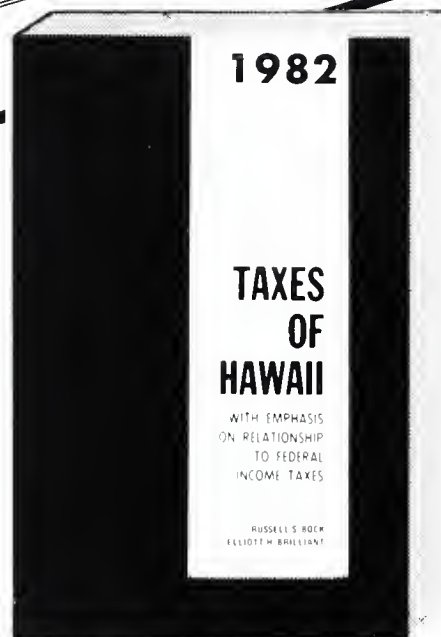
KWONG YEN LUM, M.D.  
*Secretary*

HAWAII MEDICAL JOURNAL



# TAXES OF HAWAII

**19th**  
EDITION



**INCLUDES:**

- **NEW!** Withholding tables for 1982 and income tax tables for 1981 and 1982.
- Economic Recovery Tax Act impact and all federal changes not yet adapted by Hawaii.
- IRS Code changes made Dec. 1980 adapted by Hawaii
- Hawaii law changes enacted in 1981

The only authoritative book on Hawaii taxes.  
Authors: Russell S. Back & Elliott H. Brilliant

Order now to assure mailing immediately upon publication.  
\$13.95 per copy, pastpaid and tax included.  
Add \$1.65 for Mainland delivery.

Discounts available for orders of 6 or more copies ordered  
at one time. Payment must accompany orders for single copies.

 **Crossroads Press, Inc.**  
P.O. Box 833—Honolulu, Hi. 96808

PLEASE PRINT

Name \_\_\_\_\_

Company \_\_\_\_\_

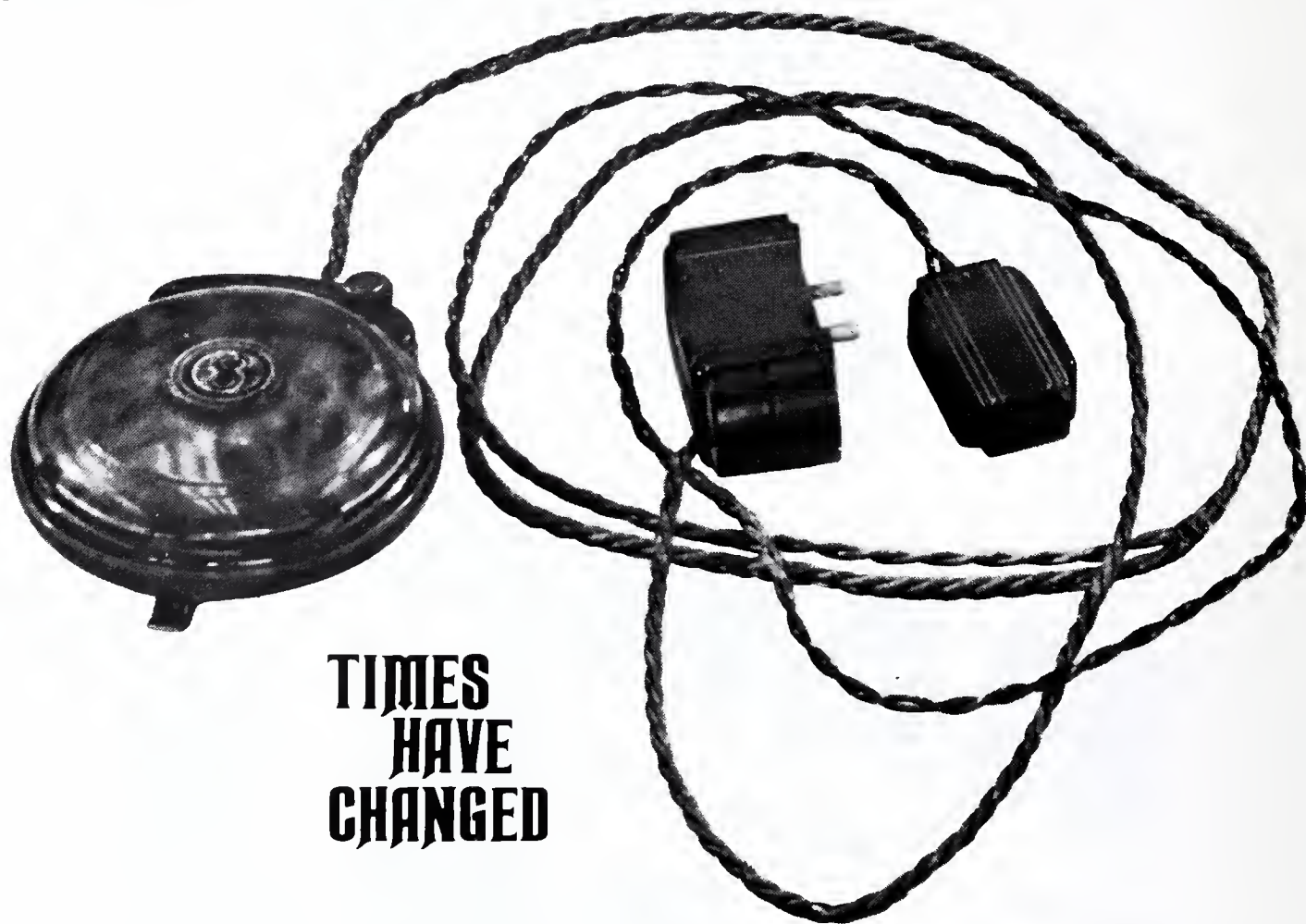
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send \_\_\_\_\_ copies of 1982 edition of  
TAXES OF HAWAII at \$13.95 per copy, pastpaid.

( ) Payment enclosed ( ) Please invoice  
Required for single copy orders.

Second in a Series



**TIMES  
HAVE  
CHANGED**

## PROFESSIONALISM REMAINS THE SAME.

Users of hearing aid equipment back in 1938 didn't have much choice. They were encumbered with a large hearing device and a quantity of cord as pictured above. (Far too much even to fit into a pocket!) Today's hearing aids are unobtrusive and do not interfere with normal daily routine or shout to the world that the wearer has a physical problem.

For almost forty-five years now, Hawaii Hearing Aids, Ltd. has been filling the needs of Hawaii's people for top-quality hearing aids and related equipment. In addition, we have been striving all this time to create a public awareness

of the hearing loss problem, urge the seeking of professional help and minimize the psychological stigma attached to admitting the need for such help. All of our advertising throughout the years has emphasized the message "see your doctor first"—long before FDA regulations on the matter were ever even suggested.

We're not in business just to dispense hearing aids but to serve the people of these islands to the best of our ability. And that means first of all, seeing that they get the right kind of help. It all comes down to ethics. Responsibility. Professionalism. And that's something that time doesn't change.

- Hawaii's largest, oldest and most complete hearing aid and special equipment facility.
- Hawaii's only full-time Audiometer Technician.
- Bilingual staff.
- **Audiometers:** Maico, Grason-Stadler, Eckstein Bros. and Bosch.
- **Impedance Audiometers and Tympanometers:** American Electro-Medics, Madsen, Grason-Stadler and Teledyne.
- I.A.C. Sound Rooms
- E•A•RTM Plugs, custom ear-plugs and ear muffs.



Dalton G. Fujii  
Vice President

*"We Opened Hawaii's Eyes To Its Ears."*

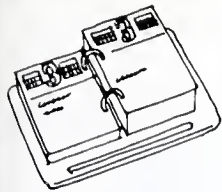


**HAWAII  
HEARING  
AIDS, LTD.**

since 1936

1153 Bethel St., Honolulu, HI 96813, Ph. 538-6785





## Continuing Medical Education

### CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

#### LOCAL ACCREDITED PROGRAMS

##### ONGOING

##### American Cancer Society, Hawaii Division

1. Telephone Task Force w/G.N. Wilcox Memorial Hospital, First Thursday, 12:45 p.m. and Fourth Tues. 12:30 p.m. w/Maui Mem. Hsp. Held on Oahu at Am. Cancer Society main conf. room, 200 N. Vineyard, Honolulu.

##### John A. Burns School of Medicine

1. Dept. of Medicine
  - A. Case Conferences, Second and Fourth Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - B. Grand Rounds, First and Third Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - C. Endocrinology Grand Rounds, Second Thursday, 5:30-6:30 p.m., Queen's University Tower, Room 506.
  - D. UH-Queen's Conference, Fridays, 8:00-9:00 a.m., Queen's Medical Center, Mabel Smythe Auditorium.
  - E. Cardiology Grand Rounds, First and Third Tuesdays, 5:30-6:30 p.m., Queen's University Tower, Room 508.
  - F. Infectious Disease Grand Rounds, Second and Fourth Tuesdays, 5:00-6:00 p.m., Queen's Nalani I Conference Room.
  - G. Dermatology Grand Rounds, Second Wednesday, 7:30-9:30 a.m., Queen's Medical Center, Queen Emma Clinic.
  - H. Pulmonary Grand Rounds, Fourth Wednesday, 4:30-5:30 p.m., Queen's Medical Center, Kamehameha Auditorium.
  - I. Nuclear Medicine Grand Rounds, Third Wednesday, 5:00-6:15 p.m., Straub Hospital, Doctors' Dining Room.
  - J. Medical-Surgical GI Grand Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Hospital, PB4 Classroom.
2. Dept. of Obstetrics and Gynecology
  - A. Grand Rounds, Wednesdays, 7:30-8:30 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
3. Division of Orthopedics
  - A. Fracture Conference, Mondays, 5:00-6:00 p.m., Queen's University Tower, Room 618.
  - B. Shriner's Hospital Conference, Tuesdays, 7:15-9:00 a.m., Shriner's Hospital.
4. Dept. of Pediatrics
  - A. Grand Rounds, Thursdays, 8:00-9:00 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - B. Pediatric Monday Noon Conference, Mondays, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - C. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., Kapiolani-Children's Medical Center, Conference Room B.
  - D. Perinatal Grand Rounds, Fridays, 8:15-9:15 p.m., Kapiolani-Children's Medical Center, Conference Room B.
5. Dept. of Psychiatry
  - A. Grand Rounds, Fridays, 8:00-9:30 a.m., Queen's University Tower, Room 618.
6. Dept. of Surgery
  - A. Grand Rounds, First, Second, and Third Saturdays, 7:30-9:00 a.m., rotating hospitals.
  - B. Statistical M and M, last Saturday, 7:30-9:00 a.m., rotating hospitals.
  - C. Journal Club, First and Third Tuesdays, 6:00-8:00 p.m., Queen's University Tower, Room 620.
  - D. Medical-Surgical GI Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Medical Center, PB4 Classroom.
  - E. Pediatric Surgical Grand Rounds, First Friday, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
7. Dept. of Family Practice
  - A. Conference, Fourth Wednesday, 1:00-2:00 p.m., Kapiolani-

Children's Medical Center, Second Floor Auditorium, Executive Dining Room.

8. Dept. of Family Practice
  - A. Conf., Wednesdays, 8:00-9:00 a.m., Kaiser 4th Floor Conf. Room.
  - B. Conf., Thursdays, 12:00-1:00 p.m., Kaiser 4th Floor Conf. Room.
9. Dept. of Physiology
  - A. Dept. Conf., Wednesday, 4:30-5:30 p.m., BioMed T-210.
10. University of Hawaii, John A. Burns School of Medicine Grand Rounds, Third Thursday, 4:30-6:00 p.m., Queen's University Tower, Room 618 or BioMed Building.
11. HI Oncology Group, one Monday a month, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala St., 4th Floor Conference Room.
12. HI Oncology Group, usually Third Monday bimonthly, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala Street, Fourth Floor Conference Room.

##### Federation of Emergency Medicine-Maui

1. **Cardiology for the Emergency Physician.** Every Monday, 9:00-10:00 a.m.-Maui Memorial Hsp. Conf. Rm #1. (For spec. topics or further info contact: Federation Office (808) 244-7629, or Dr. C.T. Mitchell, (808) 244-9056.
2. **Journal Club in Emerg. Medicine.** 2 hrs. Cat. 1. MMH Conf. Rm. #1. 9:00-11:00 a.m.

##### Hawaii Thoracic Society

1. Pulmonary Med., Clinical case presentations & current research in pul. med. with U of H Sinclair Chest Club, Third or Fourth Wednesdays, each month, 7:30 a.m.-9:30 p.m. For further info contact: Rosemary Respicio, B.S.N. at (808) 537-5966.

##### Hickam Clinic

1. Clinical Correlation Conference, First Thursday, 11:00 a.m.
2. Didactic—our staff, Second Thursday, 11:00 a.m.
3. Didactic Visiting Lecturer, Third Thursday, 11:00 a.m.
4. Radiology Conference, Fourth Thursday, 11:00 a.m. (Contact Aurora Macapinlac, M.D., M.C., 449-5770)

##### Hilo Hospital

1. Orthopedic Conference, First Tuesday, 12:30-1:30 p.m.
2. NCME (ETV), Thursdays, 12:30-1:30 p.m., Saturdays, 7:00-8:00 a.m. (repeat); not held on long (holiday) weekends.
3. Radiology Case Presentations, Second Wednesday, 12:30-1:30 p.m.
4. Clinical Pharmacology, Third Friday, 12:30-1:30 p.m.
5. C.P.C., Second Friday, 12:30-1:30 p.m.
6. Visiting Professor's Program

##### Kaiser Hospital

1. Medicine Grand Rounds, Every Tuesday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  2. Tumor Board, Every Tuesday, 12:00 noon. Pac. Aud. 1 hr. Cat. 1.
  3. OB/Ped. Perinatal Mortality Conference, Last Tuesday, each month. 8:00 a.m. 1 hr. Cat. 1.
  4. Surg. Grand Rounds, Every Friday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  5. Saturday Morning Educational Conference, Every Saturday, 7:30 a.m. Pac. Aud. 1 hr. Cat. 1.
- (Contact CME Dept.-Kaiser for further information)

##### Kapiolani-Children's Medical Center

1. Pediatric Grand Rounds, Every Thursday, 8:00-9:00 a.m., Aud.
2. Pediatric Conference, Mondays, 12:45-1:45 p.m., 2nd Floor Aud.
3. Neonatal Grand Rounds, Friday, 8:00-9:00 a.m., Conference Room B.
4. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., 3rd Floor Conf. Rm.
5. Ob-Gyn Conference, Tuesday, 1:00-2:00 p.m., Aud.
  - First—Didactic Presentation
  - Second—Perinatal-Neonatal Topics
  - Third—Obstetrics Topics
  - Fourth—Gyn Topics
6. Tumor Board, Oncology Conference, First and Third Friday, 1:00-2:00 p.m., Aud.

##### Kuakini Medical Center

1. Department of Ophthalmology Mtg., First Tuesday, 12:30-1:30 p.m.
2. Department of Medicine Mtg. (Statistical), Fourth Tuesday, 1:00-2:00 p.m.
3. G.I. Conference, First Tuesday, 8:00-9:00 a.m.
4. Nephrology Conference, First Wednesday, 8:00-9:00 a.m.
5. Oncology Conference, Every Thursday, 7:30-8:30 a.m.
6. Pulmonary Conference, First Thursday, 1:00-2:00 p.m.
7. Surgical Conference, First & Second Friday, 12:45-1:45 p.m.
8. Surgical M&M Conference, Fourth Friday, 12:45-1:45 p.m.
9. Department of Medicine Evening Mtg., Second Tuesday, 5:30-7:00 p.m.
10. Visiting Professor Program (for further info contact CME Dept. 547-9226 as these programs may be subject to change.)

##### Maui Memorial Hospital

1. Thursday Conference, 7:00-8:00 a.m., Staff Dining Room.

First—Dept. of Medicine  
 Second—Dept. of Surgery  
 Third—Dept. of OB/GYN  
 Fourth—Dept. of Pediatrics  
 Fifth—Elective

2. Tumor Board, Every Monday, 12:15-1:15 p.m.—Tumor Conference Telephone Task Force—Third Tuesday, 12:15-1:15 p.m.
3. Dept. of Emergency Medicine, Third Monday, 7:00-8:00 a.m.
4. Diagnostic Radiology, Fourth Tuesday, 12:00-1:00 p.m.
5. SFH-UH Hematology Conf., Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

#### Hawaii Ophthalmological Society

1. Monthly dinner meeting, Third Thursday of each month. Contact: Dr. A. Kunimoto, (808) 941-2208.

#### The Queen's Medical Center

1. ENT Conferences, First and Second Fridays, 7:30 a.m., Small Dining Room.
2. Medical Conferences, Every Friday, 8:00 a.m., Kam Auditorium.
3. Ob/Gyn Conferences, Second and Fourth Mondays, 1:00 p.m., Kam Auditorium.
4. Ophthalmology Conference, Fourth Tuesday, 5:00 p.m., Queen Emma Eye Clinic.
5. Orthopedic Conferences, Every Wednesday, 7:00 a.m., Kam Auditorium.
6. Pathology Conferences, Every Wednesday, 7:30 a.m., Surgical Conference Room.
7. Pediatric Grand Rounds, Fourth Thursday, 12:30 p.m., Nalani I Conference Room.
8. Surgical Trauma Conference, Second Tuesday, 4:30 p.m., Kam Auditorium.
9. Basic Science Lectures, Every Wednesday, 7:15 a.m., Queen's University Tower, Room 618.

#### St. Francis Hospital

1. SFH-UH Tumor Conference, Every Monday, 7:30 a.m., Sullivan-4 Classroom.
2. SFH-UH Nephrology Conference, First Monday, 1:00 p.m., Sullivan-4 Classroom.
3. SFH-UH Endocrine Conference, Last Monday, 12:30 p.m., Sullivan-4 Classroom.
4. EENT Meeting, First Tuesday, 7:00 a.m., Sullivan-4 Classroom.
5. SFH-UH Hematology Conference, Third Thursday, 12:30 p.m., Sullivan-4 Classroom.

6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

#### Straub Clinic & Hospital

1. Straub Professional Seminar meets the Second Tuesday of each month from 5:00-6:30 p.m. in the Credit Union Meeting Room (2nd Floor, Credit Union Bldg.)
2. Surgical Mortality and Morbidity Conference meets every Fourth Thursday of each month, from 7:00-8:00 a.m. in the Doctors' Dining Room.
3. Cardiac Surgery Conference meets the Third Tuesday of each month from 4:30-5:30 p.m. in the Doctors' Dining Room.
4. Department of Anesthesiology meets the Second Tuesday of each month from 7:00-8:00 p.m. in the Doctors' Dining Room.
5. Community Peripheral Vascular Conference meets the Fourth Thursday of each month from 5:00-6:30 p.m. in the Doctors' Dining Room.
6. Visiting Professor Program meets monthly from 7:00-8:00 a.m. in the Doctors' Dining Room.
7. Urology Inservice meets every other month on the Third Friday from 8:00-9:00 a.m. in the Doctors' Dining Room.
8. Neuropathology Clinical Correlation Conference meets the Third Thursday of each month from 7:30-8:30 a.m. in the Straub Morgue.
9. OB-GYN Pathology meets every Fourth Monday of each month from 12:30-1:30 p.m. in the Administration Conference Room (ACR).
10. Urologic Pathology meets every First Monday of each month from 8:00-9:00 a.m. in the Doctors' Dining Room.
11. Friday Noon Conference meets Every Friday of each month from 12:30-1:30 p.m. in the Doctors' Dining Room.

\*Note: All conferences are subject to change. Monthly calendar will be available upon request.

#### Wahiawa General Hospital

1. Noon Seminars, Every Tuesday

#### Wilcox Hospital (Lihue)

1. General Medical Staff Meeting, Quarterly in January, April, July & October.
2. Clinical Review Meeting, Alternate Mondays at noon.
3. Tumor Conference, First Thursday.

#### Miscellaneous

HMA Maternal and Perinatal Mortality Study Committee, First Monday each month - 5:30 p.m. 320 Ward Ave., S 200.  
 Cat. 1 on hr. for hr. basis.

### SPECIAL EVENTS

Jan. 11-14, 1982 Congress of the Pan Pacific Surg. Assn., Box 553, Hon, Hawaii 96809. At: Sheraton-Waikiki, 2255 Kalakaua Ave., Hon, Hawaii 96815, 20 hrs.

Jan. 16-17, 1982 Recent Advances in the Diagnosis of Oncologic Disease, 8 a.m. to noon, Sat. and Sun., Charlotte Fusato, Maui Memorial Hosp., Wailuku, Hawaii 96793. At: Hotel InterContinental, Wailea, Maui. Fee: \$75 includes lunch on Sat., 8 hrs.

Jan. 18-20, 1982 Pediatric Emergencies, UH John A. Burns School of Medicine, 1960 East-West Rd., Hon, Hawaii 96822. At: Kapiolani Children's Med. Ctr., 1319 Punahou St., Hon, Hawaii 96826, 10 hrs.

Jan. 23-30, 1982 Controversies in Emergency Med., UC San Diego, Sch. of Med., Office of Cont. Education, M-017, La Jolla, Calif. 92093. At: Kona Surf, 21 hrs.

Jan. 30-Feb. 6, 1982 Acute Situations in Primary Care, UC San Diego Sch. of Med., Off. of Cont. Education, M-017, La Jolla, Calif. 92093. At: Wailea Beach Resort, Maui, 21 hrs.

Jan. 30-Feb. 6, 1982 Diagnostic Radiology Sems, UC San Francisco, Dept. of Radiology, Rm. M-396 Third & Parnassus Ave., San Francisco, Calif. 94143. At: Maui Surf Hotel, Maui, 35 hrs.

Feb. 4-5, 1982 American College of Physicians, Hawaii Regional Meeting. At: Hilton Hawaiian Village Hotel. Contact: Nadine C. Bruce, M.D., FACP, 2230 Liliha, Hon, Hawaii 96817, (808) 547-6497.

Feb. 6-13, 1982 Cardiology, Univ. of Wash. Sch. of Med., SC-50, Seattle, Wash. 98195. At: Hawaii, 8 days.

Feb. 13, 1982 Hawaii Asthma & Allergy Symposium, Hawaii Asthma Camp, YBA, 1710 Pali Highway, Hon, Hawaii 96813. At: Ilikai Hotel, 7 hrs.

Feb. 13, 1982 Hawaii Acad. of Family Phys. Ann. Mtg. & CME Prgm., Hawaii Acad. of Family Phys., 46-378 Holo-kaa St., Kaneohe, Hawaii 96744. At: Ilikai Hotel, Honolulu, 8 hrs.

March 8-12, 1982 Northwestern Univ. Sports Med. Course, Northwestern Univ. Med. Sch. Ctr. for Sports Med., 303 E. Chicago Ave., Ill. 60611. At: Maui, 25 hrs.

March 15-19, 1982 Univ. of Hawaii Sports Med. Course, Box CED-CCECS, 2530 Dole St., Hon, Hawaii 96822. At: Princess Kaiulani Hotel, Waikiki, 18 hrs.

March 17-19, 1982 Gen. Pediatrics, Am. Acad. of Pediatrics, 1801 Hinman Ave., Evanston, Ill. 60204. At: Royal Lahaina Resort Maui, 15 hrs.

March 29-April 2, 1982 Current Concepts in Ob-Gyn, UH John A. Burns School of Medicine, 1960 East-West Road, Hon, Hawaii 96822. At: Ilikai Hotel, Honolulu, 20 hrs.

April 3-10, 1982 Topics in Family Prac., U. of Wash. Sch. of Med., SC-50, Seattle, Wash. 98195. At: Hawaii, 8 days.

April 10-17, 1982 Pediatric Emergencies, UC San Diego, Sch. of Med., Off. of Cont. Education, M-017, La Jolla, Calif. 92093. At: Kauai.

April 18-22, 1982 Winter Symp., Am. Coll. of Emergency Phys., Box 61911, Dallas, Texas 75261. At: Marriott's Resort, Kaanapali Beach, Maui, 22 hrs.

April 19, 1982 Diagnostic & Therapeutic Skills in Internal Med., USC Sch. of Med., Postgrad Div., 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 30 hrs.

April 25-29, 1982 Am. Assn. of Neurological Surgs. Ann. Mtg., 625 N. Michigan Ave., Chicago, Ill. 60611. At: Sheraton-Waikiki, Honolulu, 40 hrs.

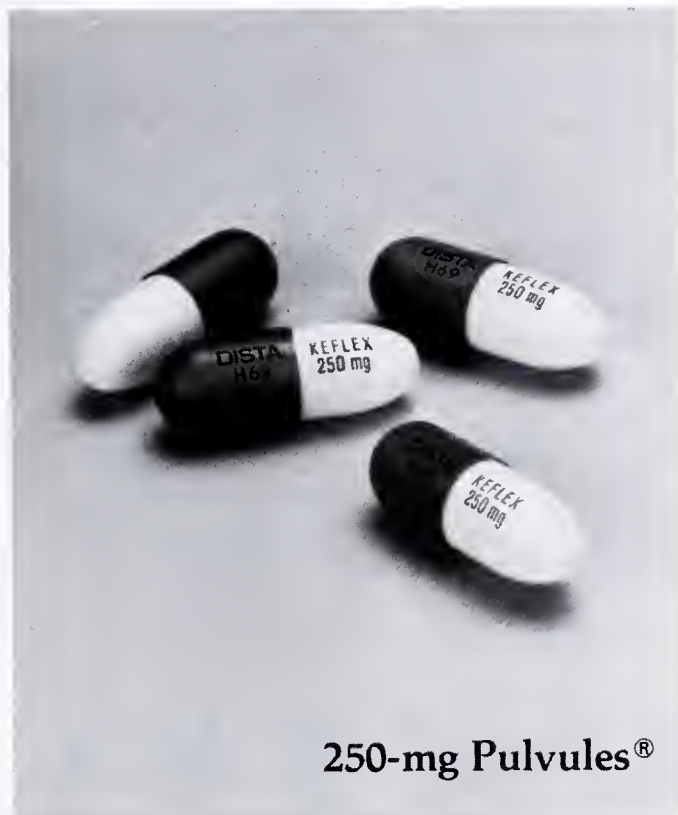
June 19-26, 1982 Fourth Ann. Med. Imaging in Hawaii, Am. Coll. of Med. Imaging, Box 27188, Los Angeles, Calif. 90027. At: Hyatt Regency Hotel, Maui, 24 hrs.

July 13-17, 1982 Endocrine Metabolic Course, USC Sch. of Med. Postgrad Div., 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 25 hrs.

July 17-24, 1982 Cardiovascular Med. & Surg., An Adv. Course, Stanford Univ. Sch. of Med., Stanford, Calif. 94305. At: Mauna Kea Beach Hotel, Kamuela, 22 hrs.



# easy to take



250-mg Pulvules®



## Oral Suspension

250 mg/5 ml  
100 and 200-ml  
sizes

125 mg/5 ml  
60, 100, and  
200-ml sizes



## Pediatric Drops

100 mg/ml  
10-ml size

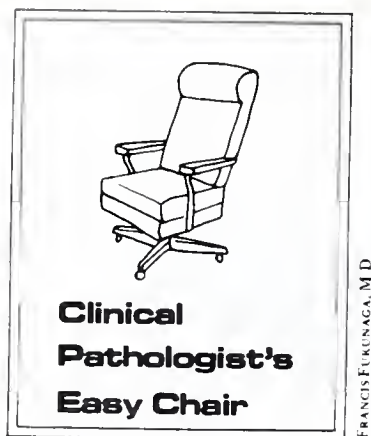
# Keflex®

cephalexin

Additional information available  
to the profession on request.



**Dista Products Company**  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46285  
Mfd. by Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630



## Complement

The complement system consists of a series of at least 20 discrete proteins that interact sequentially to affect several biological activities. A number of acquired and congenital diseases are associated with serum abnormalities of complement.

The main clinical use of complement assay is to detect decreased levels, but the most common abnormalities are elevated levels, seen in acute and chronic inflammatory diseases and infections. The complement system reacts with a large number of substances. Therefore, reactions are nonspecific, in contrast to the immunoglobulins. Complement takes part in host defense against infections, in the inflammatory process and in the mediation of immune tissue injury.

The complement components are numbered in the order of their discovery; they do not act in that numerical sequence. Complement function may take the classical or the alternate (properdin) pathway. The classical pathway is activated by antigen-antibody complexes involving IgG or IgM.

The stimulus that activates the complement system is not fully understood, but is dependent upon interaction between C1q and an antigen-antibody complex. The C1q (one of the three proteins of the C1 macromolecule which include C1q, C1r and C1s) is the recognition unit and each of the remaining components becomes activated.

The alternate pathway is not dependent upon the antigen-antibody interaction, by-passing the C1, C4 and C2 components and entering the classic sequence at the C3 stage. The alternate pathway is activated by non-complement fixing IgA or IgD and other substances. There are several inhibitors of the complement system that modulate or control the system once it is activated.

Decreased levels of complement may be due to increased utilization or decreased synthesis. Increased utilization is seen in diseases where immune complexes play a role, such as systemic lupus erythematosus (SLE), acute glomerulonephritis, subacute bacterial endocarditis and cryoglobulinemia. The depression of complement components is characteristi-

cally apparent during the active phase of the disease; these return to normal when the disease activity subsides. The most common congenital deficiency is that of the C1s inhibitor. These patients have angioedema, characterized by recurrent edema of the subcutaneous tissues and mucus membranes of the respiratory tract and sometimes of the G.I. tract.

Tests for complement include measurement of the individual protein components or the total complement activity. The integrity of the complement system can be evaluated by measuring the total hemolytic complement level (CH 50, the dilution of serum that causes lysis of 50% of the cells). The different complement components are affected to different degrees in different diseases. There is no exact parallel between the CH 50 and any one complement component, although it correlates well with C3 and C4 and somewhat with C1, C2, and C5. Some of the components are thermolabile (C1 and C2) and, therefore, the CH 50 should be tested within a few hours of collection of the specimen, or the serum must be stored at -70° C. Room temperature storage for several days is satisfactory for the immunochemical measurement of the individual components such as C3 and C4.

The measurement of the total serum hemolytic complement has been largely replaced by immunochemical assays of C3 and C4. The individual components can be measured by radial immunodiffu-

sion, electroimmunodiffusion or nephelometry.

The most commonly requested component is C3. It is that component at the branched part of the complement sequence and is involved in both the classical and properdin pathways. It is increased in the acute stress syndrome, subacute inflammation, biliary obstruction, and depressed in serum sickness, acute glomerulonephritis, SLE, and other autoimmune diseases, hepatocellular diseases such as cirrhosis and chronic hepatitis, rheumatic fever, subacute bacterial endocarditis and in newborns. The molecular weight is 180,000; normal levels are 80 to 160 mg per dl.

C4 is increased in subacute inflammations, and decreased in autoimmune diseases, with complement consumption, and in newborns. The molecular weight is 206,000; normal levels are 20 to 65 mg per dl. Factor B or C3 proactivator is determined in following disease activity where renal involvement is the major problem in SLE.

Interpretation of complement concentrations should be made with caution, because normal levels do not exclude processes that activate the complement system to maintain levels by increased synthesis. If complement is depressed, there is good evidence that there is an immune mechanism involved. At present there is no real need for rapid determination of complement.

Usual Complement Levels

	CH50	C1q	C1	C2	C4	C3	C5	Factor B
Hereditary Angioedema	D	N	N	D	D	N	N	N
Acute post-Strep Renal Dis.								
Early	D	D	D	D	D	D	N/D	N/D
Late	D	N	N	N	N	D	N	D
Membranous glomerulonephritis	D	N	N	N	N	D	D	D
Nephrotic Syndrome	N/D	N/D	N	N	N	N	N	N
Renal graft rejection	N/D	N	N	N	N	D	N	N
SLE	D	D	D	N	D	D	N/D	N/D
Cryoglobulinemia	D	D	D	N/D	D	N/D	N	N
Rheumatoid arthritis, severe	N/D	N/D	N/D	N	N/D	N/D	N	N
Gout, rheumatic fever, sarcoid, periarteritis scleroderma, mod. rheumatoid	N/I	N/I	N/I	N/I	N/I	N/I	N/I	N/I
Bacteremia w/shock	D	N	N	N	N	D	D	D
Paroxysmal cold hemoglobinemia	N/D	N	D	D	N	N	N	N
Myesthenia gravis	N/D	N	N/D	D	D	N/D	N	N

N = Normal  
D = Decreased  
I = Increased

### REFERENCE

Shur PH. Complement testing in the diagnosis of immune and autoimmune disease. *Amer J Clin Path* 68:647-659, 1977.





## Hawaii Academy of Family Physicians' Newsletter

DOX AND MARILYN FARRELL

Newly elected to life memberships were **Howard Liljestrand** and **Satoru Matsuyama**, both members of AAFP since 1951.

The following members were re-elected: to affiliate — **Baron Ching**, **Craig Kadooka**, **Carlos Lam**, **Helen Petrovich**, and **Kiyoshi Sano**; to inactive — **Verne Adams**, **Ernesto Santos**, and **Arthur Vascancellos**.

**Carlo Brizzolara** was upgraded from affiliate to active membership, having completed 150 hours CME.

**Gary Goforth**, our newest resident member, is in the family practice program at Tripler.

A grand total of 27 new student members have joined HAFP. Membership Chairman **Lloyd Kobayashi** arranged a meeting between council members and medical students at the University of Hawaii at Manoa. It was a mutually reward-

ing experience, affording many students their first look at family practice and practitioners in an open give-and-take session. It seems they liked what they saw and heard! To list all the names would take this entire column, so we will spread this pleasant task over several newsletters. The first group is: Senior **Miriam Chang**, Junior **Penny Chong**, and Sophomores **Ruth Conn**, **Michael Dung**, **Lucy Fong**, **Carol Hathaway**, **Ralph Hartman III**, **William Ho**, **Lori Kamemoto**, **Leif Larson**, **Gary Rinzler**, and **Maria Taitano**. We welcome all of them!

Congratulations to **H.Q. Pang**, named "Father of the Year" by the Chinese Chamber of Commerce.

**Don Farrell** was elected president of the medical staff at Kaiser Hospital.

**Verne Adams** is another member eligible for the 25-year-membership award. We apologize for omitting his name earlier.

Our last dinner meeting was one of the most successful, with 63 members and guests in attendance. Discussions were led by **Lee Jacobs** on infectious diseases and **Pat Westerhouse** on self worth. Several new student members remarked how much they enjoyed meeting family physicians in this informal setting. We hope to see more of you at 1982's bimonthly meetings.

Our next big event, the HAFP Annual Meeting and Seminar, is February 12-13, just around the corner. If you have not

yet made your reservation, please do so immediately. This seminar offers an outstanding variety of topics and speakers, and up to 16 hours of "P" credit. **Dr. Ernie Chaney**, new AAFP president, will be our honored guest at the dinner meeting and will install the new officers.

**Pat Dietrich** and the nominating committee have proposed the following slate for election that evening: President, **Nathan Wong**; President-elect, **Lily Ning**; Secretary, **Bernard Chun**; Treasurer, **Donald Farrell**; Delegate (2-year term), **Tom Cahill**; Alternate delegates, **Lily Ning** and **Nathan Wong**; Councilors through '84, **Jim Koch**, **Lincoln Luke**, and **Gwen Nishimura**; Councilor through '83, replacing **Nate Wong**, **Mona Bomgaars**; Councilor through '82, replacing **Harold Timboe**, **Gary Goforth**. Nominations are still open and Pat will await further suggestions.

Council has voted reluctantly to raise local dues for 1982. Dues had remained the same for many years, while expenses rose drastically. Still, the chapter dues are only a small portion of the entire dues amount; they will increase as follows: active, active exempt, sustaining to \$35; affiliate to \$25; resident to \$15. Life, inactive, and student membership dues will remain the same at \$5 a year.

There will be many hours of quality CME available in Hawaii during the next few months. Check your American Family Physician calendar for details.

Aloha and a happy 1982!

# \$69,000

## A Romantic Tropical Hideaway in the Heart of Waikiki

Enjoy romantic reflections of a full moon on the secluded pool. Flickering tiki torches among the lush tropical gardens lets one reminisce the days of old Hawaii.

In addition to all this tropical splendor we offer many

opportunities to the real estate investor. Great conversion tax advantages. Equity buildup. Hedge against inflation. Favorable financing. On-site management.

Only 23 of these large one bedroom condominiums remain.

**3 year agreement of sale at 12½% annual percentage rate.**

**CALL TODAY 926-1694**

Christiane Friese Realtor • McCloskey & Company Realtors • Neil Petagno, Inc. — Developer

Or visit our designer model

**Hawaiian King**

417 Nohonani Street Waikiki, Oahu

Leasehold

Courtesy





### Spotlight

**Miriam Hellreich**, Honolulu County Auxiliary's president, is a contemporary young woman who shows a full-time career and service to the community can be combined. She is actively involved as a member of the Junior League of Honolulu and the Speech and Hearing Association, along with her many duties as Auxiliary president. Miriam is a full-time speech and language pathologist, sharing offices with dermatologist husband Dr. Philip Hellreich in Kailua. The Hellreichs have called Hawaii home for 10 years. Alabama is Miriam's home state.

To involve more career women on her board, she has arranged to alternate board meetings, with a meeting every other month in the early evening, after working hours. There are three Ph.D.s on



Hellreich

her current board.

Not "all work and no play" for this busy lady, her hobbies are jogging, tennis, and Chinese painting.

Miriam wants more participation of Auxiliary members on the Honolulu County Medical Society committees, to meet common goals for the mutual benefit of both organizations. Because the Young Physicians' Wives will become the Auxiliary of the future, their active involvement in the Auxiliary's programs is being sought.

Miriam recognizes that no worthwhile project can succeed without the enthusi-

astic support of the membership. Anyone interested in serving on a committee should call the Auxiliary office on Tuesday or Thursday mornings, and give name, phone number, and area of interest to Auxiliary secretary Irene Kodani, at 536-6988 or 536-7702. Membership, legislation, and community health projects are a few of the areas where help would be most welcome. Just a little of your time can make a lot of difference.

### Reflections on Membership

The Medical Society and the Auxiliary share common goals as well as problems; perhaps it is time to recognize the strengths and weaknesses of each organization and jointly work toward our mutual goals.

The Auxiliary would not exist except for the Medical Association. The Auxiliary works in conjunction with organized medicine to improve public relations, promote community health and quality of life, and volunteer for charitable endeavors. Yet, both the Auxiliary and the Medical Association need to recruit more members for program enhancement and so that membership dues will provide the necessary funding for those programs.

The Hawaii Medical Association has had to cut many popular programs this year because of lack of funds. The Auxiliary is subject to reduced allotments as well. Approximately 69% of the physicians in Hawaii belong to the Medical Society. That is about 970 out of 1,400. When a physician pays his dues, his spouse automatically becomes a member of the Auxiliary. This is a tax-deductible expense. However, of the almost 600 automatic Auxiliary members statewide, only a few are actively involved in Auxiliary work. The Medical Society has had to re-examine the allotment given to the Auxiliary in light of this fact. A major portion of the Auxiliary budget paid for national Auxiliary dues. Another major item was interisland and Mainland travel for officers.

The Auxiliary has concluded that the only way to stay within the allotted budget is to discontinue automatic payment of national dues for every member, making national membership voluntary, and reducing the state Auxiliary to a skeleton organization.

The local Auxiliary feels strongly about the support of the national Auxiliary, for it is from this body that local groups receive direction, inspiration, and resource materials. National membership is \$11 per year and, since this will ease the Medical Society's burden of funding somewhat, we urge physicians to encourage their spouses not only to support voluntarily the national Auxiliary, but to take a more active role in the Auxiliary.

At a time when budget items become major issues, it is a time to look more toward the Auxiliary and its potential for assisting the Medical Society. The Auxil-

iary can play a role in public relations, community programs, legislative study, and the recruitment of members. The Auxiliary seeks a more active role in significant programs that further the goals of organized medicine.

With these two organizations facing essentially the same problems of recruitment, activation of current members, and funding reductions, wouldn't it be of mutual benefit to band together?



Friday, September 4, 1981

5:30 p.m.

320 Ward Avenue

### PRESENT:

Drs. Winn, Catts, Lum, Hindle, Bell, Chinn, Iaconetti, Fong, Wasson, Bade, Lumeng, Morgan, Cahill, B. Fong, Wigle, Fu, Newman, McNamee, Goto, Ostman, Gwen Fu, and Dang. HMA staff present were: Messrs. Won, Leinweber, Jones, and Ajifu; Mmes. Kendro, Wong, Chang, and Asato.

### CALL TO ORDER:

The meeting was called to order by President Winn at 6:15 p.m.

### MINUTES:

The minutes of the August 7, 1981, meeting were approved as circulated.

### HMA COUNCIL HIGHLIGHTS:

The September meeting of Council is essentially the budget session for Council to receive the recommendation for the next year's budget from the HMA Finance Committee.

### ACTIONS INCLUDED:

1. HMA accepted the AMA 1982 Dues Billing Criteria which mandates that HMA will bill at least four times for AMA dues, for which the AMA will remit to the HMA a percentage of AMA dues billed on a sliding scale, depending upon when such dues are transmitted to the AMA.

2. The Council's current position is to not fund Tel-Med and "Your Body, Your Mind" for 1982 due to severe funding limitations. Presentations by committees and commissions relating to public affairs to restore funding were heard by Council, but Council declined to restore such funding.

3. The proposed payment by the Honolulu County Medical Society was reviewed. It proposed a 12% increase for services and support for 1982, a proposal that was accepted by the HCMS Board of Governors at its meeting on August 18, 1981. The HMA Council accepted this proposal and is recommending adoption at the House of Delegates.

4. Minor adjustments were made in the budget presented by the HMA Finance Committee, and the Council adopted a recommended, balanced budget for 1982, for presen-



tation to the HMA House of Delegates in October 1981. The budget totals tentatively a little over \$660,000 for 1982.

5. A resolution submitted to the HMA House of Delegates by the HMA Finance Committee, calling for suspension of the Capital Fund Advance Plan and, in its place, calling for \$100 additional increase in dues, was presented for information to the Council. The resolution called for beginning repayments to members on the mandatory loans under the Capital Fund Advance Plan.

#### ACTIONS ON NON-BUDGETARY MATTERS INCLUDED:

1. Peer Review Committee recommended adoption, with amendments, of a proposal by the HMA Medicaid Committee, to provide a program of peer review to DSSH for the Medicaid program. Physician members of HMA would staff a committee which Medicaid officials could utilize, under the DSSH aegis, for peer review. This committee would be advisory to DSSH, and its members would serve without remuneration although the Peer Review Committee recommended that reimbursement for physician time be studied.

2. The Legislative Committee's recommendations for legislation regarding the Board of Medical Examiners and adverse peer review decisions reported to it were presented to Council.

a. A portion of the medical licensure fee be earmarked for a special investigator to assist the Attorney General in medical investigation.

b. An HMA Committee be formed to assist the Attorney General and the Department of Regulatory Agencies in evaluating medical cases for presentation to the Board of Medical Examiners.

c. Obtain legal, mandatory submission of records or information to the Department of Regulatory Agencies whenever an adverse peer review determination is submitted to the Board of Medical Examiners.

d. Define, by law, incompetence, or inappropriate medical care, as appropriate for the Department of Regulatory Agencies.

e. Attempt to insure that a decision by the Board of Medical Examiners to revoke a license is effective rather than having ease of appealing such revocations with continuation of license for long periods of time.

f. Legal protection for those involved in this peer review activity.

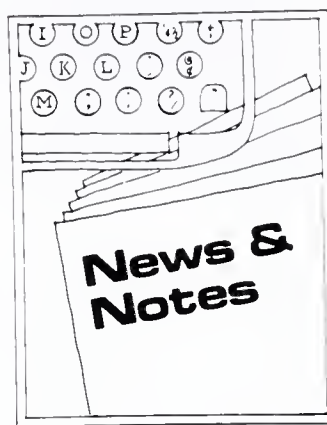
HMA Council adopted such recommendations with the proviso that "c," obtaining legal, mandatory submission of records or information on adverse peer review decisions be submitted to the HMA House of Delegates for discussion and final approval and that such positions be cleared with legal counsel.

3. A request by the group, Physicians for Social Responsibility, for a display table at the HMA Annual Meeting was approved with the condition that the organization make a token payment for booth rental, such amount to be determined by the HMA Arrangements Committee.

4. A "Breathers Manifesto," prepared by the Sierra Club, was reviewed by the HMA Council but not adopted.

5. Dr. Douglas Ostman, chairman, HMA-EMS Executive Board, notified the HMA Council that the Director of Health, Hawaii State Department of Health, has designated a single Trauma Center for the State of Hawaii. HMA Council approved the HMA President sending a letter to the Director of Health, with copies to the Governor, Secretary of HHS, among others, expressing HMA's dismay and

disturbance at his action which seemed to be contrary to the vast majority of physicians and hospitals in this state and would be counter-productive to effective emergency care to patients.



HENRY N. YOKOYAMA, M.D.

### Physicians as Torturers by A.A. Smyser, Honolulu Star-Bulletin Editor, Editorial Page

Herein are excerpts from Bud Smyser's July 21 report which raised the ire of local physicians:

"Is Your Physician a secret torturer? Don't say NO too fast. 'Torture is alive and well in the western world,' a nurse contended here Saturday. Amen. The practitioners are physicians who probably never think of themselves in that role. Their victims are dying patients, cancer patients particularly, who are subjected to avoidable and useless: \*Pain, sometimes constant \*Nausea and vomiting \*Constipation \*Personal indignity \*Hospitalization \*Surgery \*Chemotherapy \*Injections \*Harnessing to

tubes and other disabling impediments.

"Since all of us will die, and one in four of us are dying of cancer, this is talk of torture on a mass scale that makes pikers of Idi Amin and the Shah of Iran.

"The nurse who displayed such outrage on Saturday is British, not American — Harriet Copperman of London, the nursing director of a hospice, St. Joseph's, that oversees terminal care is talk of torture on a mass scale that makes pikers of Idi Amin and the Shah of Iran.

"The nurse who displayed such outrage on Saturday is British, not American — Harriet Copperman of London, the nursing director of a hospice, St. Joseph's, that oversees terminal care at home for some 350 people a year in one of London's less affluent areas. She is full of such maxims as: \*Make the patient's body a comfortable enough place so the individual can pursue any preparations chosen for death. \*Live until you die. \*Aim for a healthy death.

"Her prescription for a 'healthy death' is the elimination of most pain and discomfort in the weeks prior to death from a terminal illness. St. Joseph's succeeds, she says, and 80% of its patients die peacefully at home. Most commonly they have been controlling more pain ... Other tools for pain relief can include acupuncture, relaxation techniques, 'imaging' to mentally replace unpleasant sensations with pleasant thoughts, cobalt treatment, and nerve blockage. But morphine is St. Joseph's mainstay for pain relief. The dosage is worked out individually so it smothers pain, but not alertness.

"Why do physicians allow their patients to suffer too much? Copperman thinks one reason is a reluctance to accept death, and she thinks Americans may be even less accepting

## Reduce Your \$tress

**Bishop Computer Center's  
new medical accounts  
receivable system takes  
good care of you and  
your patients' accounts.**

CONVENIENT • PRACTICAL • COMPLETE • EFFICIENT

#### Special Features Include:

- No in-office special equipment.
- Can use your present forms.
- Gives you accurate bookkeeping balances.
- Gets your bills paid more promptly.

In addition, we handle all conversion details from any present system.

Talk to Marlene Wong at 523-2171.



**Bishop Computer Center**

Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813



than the British. She thinks another reason may be an insensitivity to pain grown from an inability to measure it like temperature, pulse, or blood pressure. Americans tell her that in America the fear of being sued may make a doctor more concerned with legal precautions than with the welfare of the patient. Her remedy: 'Sue doctors when patients die horribly.'

"She reads the Hippocratic oath to put patient well-being above all else for a doctor, and thinks doctors fail to do that when they don't focus on the comfort of dying patients.

"She thinks they fail, too, if they fail to prepare both families and patients for dying.

"Copperman was brought here by St. Francis Hospital, which is the Hawaii pioneer in non-denominational hospice care, both in the home and in its hospital where it has special beds reserved."

(Ed. Even after carefully studying the article, we fail to understand why the strong reaction from our local physicians. It seems to us that Bud Smyser was simply reporting what he heard. Anyhow, our society and its officers reacted thusly.

## A Rebuttal from Physicians:

The rebuttal came in the form of a sharply worded criticism signed by Neal Winn, HMA president; Ann Catts, president-elect; Douglas Bell III, immediate past president; John Keenan, HMA Cancer Committee chairman; Stephen Wallach, HMA Media Response Committee chairman; and Thomas Lau, past chairman, HMA Cancer Committee and director, St. Francis Hospice. We have excerpted liberally therefrom:

"Regarding your July 21 article, scurrilously entitled, 'Physicians as Torturers,' the medical profession is shocked and dismayed to find how ill-informed you are, as an editor, regarding the hospice concept and movement in Hawaii.

"The Hawaii Medical Association and the physicians of Hawaii have supported the concept and development of the hospice movement since its inception several years ago, including physician contributions to its development.

"The HMA can also point to its efforts over the years to reverse the governmental trend of its unwillingness to reimburse patients for outpatient home health and hospice care.

"On behalf of the physicians of Hawaii, we wish to express our shock and disbelief of your outrageous abuse of editorial process produced by your article. It is malfeasance to compare the activities of physicians in Hawaii to Idi Amin and the Shah of Iran, and we feel unjustly insulted to suggest that physicians' care of patients is tortuous.

"We can expect someone like Harriet Copperman to use hyperbole to get across her feelings on a subject close to her, but we would expect that you, as the editor of the editorial page of a fine newspaper, would be more able to separate fact from fiction and to approach a subject much more objectively.

"Cancer, pain, and the terminally ill patient are extremely complex issues. When physicians are honest enough to tell the patient that there is nothing more that can be done therapeutically and that treatment should only be for symptoms and to make the patient comfortable, it is often the patient, and especially the family, who demand and pressure that more be done therapeutically and will seek other therapeutic approaches.

"Hospitalization of these types of patients is not without merit, for such patients are frequently hospitalized for the intractable pain or nausea or where surgical procedures may be used to alleviate pain or organ obstruction which may make the patient more comfortable.

"There are many non-physicians who believe that they can speak for physicians, and it appears that both Copperman and you believe you can do so. Most physicians who do care for patients are very aware of the human and comfort aspects of patient care, including the terminally ill.

"Physicians of this state and of the nation have nothing to apologize for with respect to the dignity of patients.

"Copperman and you believe that physicians are insensitive to pain because physicians cannot measure pain. Does this imply that Copperman and you can measure pain? How do Copperman and you document your apparent beliefs that physicians allow their patients to suffer too much? We feel that your beliefs are without merit.

"It has been the vogue for non-physicians to attack medical doctors on a variety of topics in the past decade and your unbelievable and unfounded attack on physicians as 'torturers' is just another example.

"Your inappropriate use of terms such as 'torture,' 'torturers,' 'victims,' 'outrage,' etc. clearly demonstrates to us your prejudices and bias where there should be objectivity.

"Whatever unpleasantness this article may have caused, it is our hope that future conflicts can be avoided by all concerned by checking facts and hearing all sides of a particular issue, and that all of us — physicians, nurses, news editors, etc. — can proceed in a coordinated effort to promote the hospice concepts in Hawaii . . ."

## Enteric Disorders

by Robert Blaker, Professor of Microbiology, Immunology and a/c BioScience Labs

Ddx: Enteric Disorders, Microbial

### I. Relatively common

- Salmonella typhi
- Salmonella sp other than *S. typhi*
- Shigella Sp
- Campylobacter fetus
- Yersinia enterocoli

### II. Uncommon

- Staph aureus

Incidence:

California: 75% Shigella

Rest: Campylobacter, Salmonella

Hawaii: Majority non-typhi Salmonella

Management:

- Non-typhi Salmonella: 95% self limiting; When treated, 10-15% become carriers
- Shigella: 4 species Most from Mexico
- Enterocolitica: Dairy, poultry . . . Humans recently with eosinophilia and mesenteric adenitis, meningitis
- Campylobacter: No need for antibiotics: Erythromycin and tetracyclines

### II. Uncommon

- Staph aureus
- C. albicans
- Ps aeruginosa
- Aeromonas sp
- V. cholera (last case in US in 1928)
- C. difficile: 1-4 weeks after antibiotic Rx cause pseudomembranous enterocolitis; Sensitive to Keflin; 10% relapse

### III. Food Poisoning "Ptomaine"

- Staph aureus: heat stable exotoxin; endotoxin

### 2. Salmonella sp

3. Clostridium sp: perfringens; botulinum  
Staph aureus endotoxin: 6-7 hrs violent HA, vomiting, watery diarrhea

Source: potato salad

Salmonella Food Poisoning: Delay 3-4 hrs to 12-18 hrs; Sy's: cramps, diarrhea

Clostridium:

Perfringens: innocuous . . . Source: Yogurt  
Onset 6-18 hrs

Botulinum: heat stable exotoxin; most completely toxic viz 1 gm. can destroy entire world population; neurologic symptoms: double vision, dry mouth, unsteady gait . . . coma . . . respiratory distress: 10-40% mortality

Travelers' Diarrhea (La Turista) Montezuma's Revenge

E. coli

Management: Lomotil, Peptobismol; self limited 3-4 days

Parasites:

1. Giardia lamblia: no mortality

2. E. Histolytica: rare in Hawaii

California: from Mexico

Florida: from Puerto Rico

## Life in These Parts

Bumper sticker: "Best the heat . . . Go to Heaven."

Intriguing ad: "DOCTOR'S ON CALL (DOC) Practice Limited to House Calls Available 24 hours 7 Days Week PH: 524-2575 James Barahal, M.D. (for ambulatory & non-emergency cases only)."

We learned that **James Barahal**, 29-year-old GP, who finished U MICH. Med School and did his residency here, is devoting his practice to house calls only because "I still think there's a role for good old-fashioned medicine." I found I really liked doing house calls. For me, it's a great satisfaction dealing with people on a more personal basis. And it's a service for other doctors, too."

"Honolulu dermatologist **Dr. Cyrus Loo** is featured in the September issue of Let's Live, a magazine available mostly at health food stores, for his research about a face cream developed by a NASA aerospace scientist . . ." (From Don Chapman's column).

## Conference Humor

During a Kuakini surgical conference, the following dialogue ensued: Urologist **Bill Shiraki** had just described microsurgical techniques for repair of vasectomies and explained: "The success rate is 30% . . . And success is measured by a 30,000 sperm count or the wife becomes pregnant." Fellow urologist **Tom Ito** quipped, "Yeah, but by whom?" Whereupon Shiraki elucidated, "When the woman gets pregnant, we stop doing sperm counts . . ."

## Tidbits (From Lou Boyd's "Just Checking")

Q. What's "iatronudia" mean?

A. Desire of a woman to expose herself to a physician on the pretext of being ill. This little quirk is rarely discussed, but doctors reportedly recognize it as quite common. If there's a counterpart in a man, how it's exhibited is not in the record at hand, nor is the word for it.

Q. Why do women change their minds more often than men do?

A. They don't, evidently. Studies at Northwestern suggest women are more indecisive. They take longer to make up their minds, but they're inclined to hold on to their opinions once they've formed them. Men, it's said, change their minds at least twice as often as women.





# Where to go for BUSINESS DINING



## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

Top of the Blvd.  
and Waimalu

**Both Open 24 Hrs.**  
(Except the Wee Hours  
of Monday Morning)

Cartoon  
Courtesy of  
The Honolulu  
Star-Bulletin

**CONSISTENTLY GOOD  
CHINESE FOOD . . .**

**CHINESE AND AMERICAN FOOD**

*Coral Reef*

Restaurant and lounge

**Mauka side next to Woolworth**  
1006 Ala Moana Center

Open from 10:30 AM to 9:30 PM  
Sundays 10:30 AM to 5 PM

**Phone: 949-3500**

**Now Serving  
Hot and Spicy  
Dishes for Dinner**

**M's  
Coffee Tavern and  
Cheerio Room**

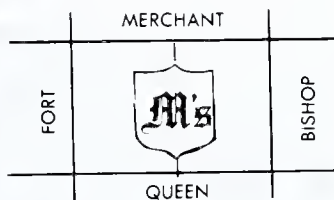
Breakfast - Lunch - Cocktails  
in the heart of Downtown.

**M's Coffee  
Tavern**  
6:30-2 P.M.

**Cheerio Room**  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern or inn."

*Samuel Johnson*



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Hōpū Lane.

•PHONE: 955-8844•

OPEN DAILY -

Lunch-11:00 a.m.-2:00 p.m., Dinner-5:00 p.m.-1:00 a.m.

VALET & FREE VALIDATED PARKING

**Arthur's**  
Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.  
*Flamingo Restaurant*

**DUKE'S**

LUNCHEON: Monday-Friday, 11-2  
DINNER: Wed.-Sat., From 5:30

Our Private Rooms  
Accommodate 10 to 50

FREE Parking (off Makaloa)  
after 5:00 PM

Phone 531-7207

**615 PIKOI**

**A MOST COMPLETE  
SEAFOOD RESTAURANT  
IN WAIKIKI**

- **Contemporary Environment**—with a touch of class
- **Delectable Seafood**—fresh Hawaiian fish Maine lobster Shellfish Paella Pasaros Salads French Fried Seafood steak combinations
- **Quality Bar Service**—Mai Tai a specialty



**THE SEAFOOD EMPORIUM**

2201 Kalakaua Avenue • Telephone 922-5547  
Royal Hawaiian Center Discount parking in building

*These fine  
eating places  
can be enjoyed  
for  
a catered affair.*

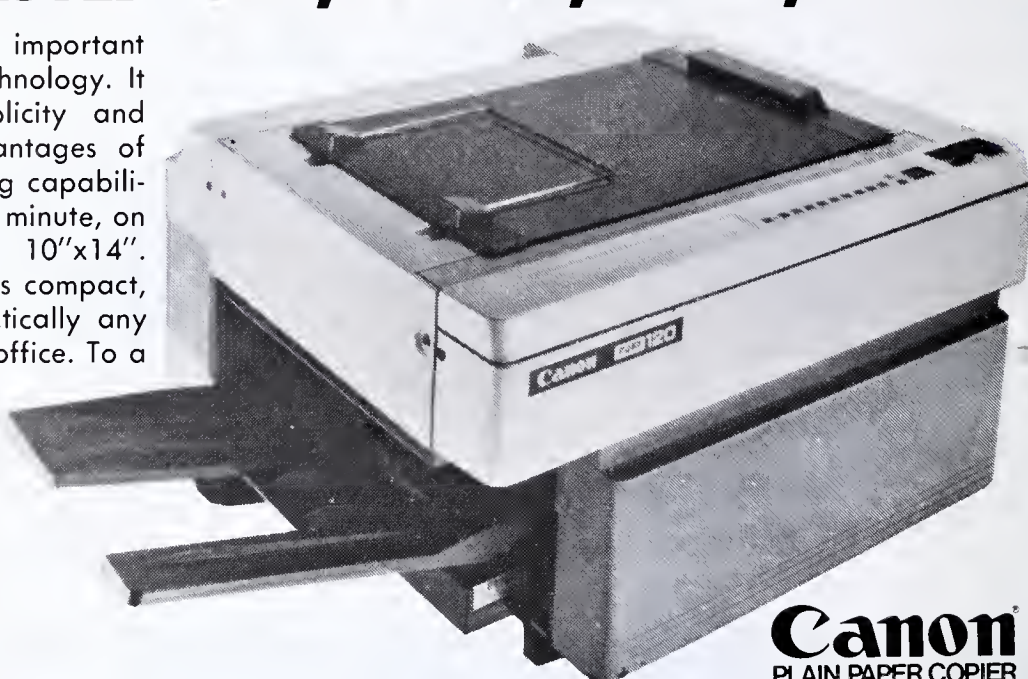


# NEW . . . and at only \$2,695



## THE CANON NP-120 ONE TOUCH COPIER. NO WASTED TIME, ENERGY, SPACE, COST.

The Canon NP-120 is an important achievement in micronics technology. It offers the virtues of simplicity and economy with all the advantages of Canon's sophisticated copying capabilities. It will make 12 copies a minute, on virtually any paper, up to 10"x14". With great copy quality. It is compact, quiet, reliable and fits practically any office's needs. From a small office. To a large corporation that requires decentralized low-volume copying operations. That has needs to save energy. Has no time to waste. Cannot afford the luxury of wasting space. And must work within budget. This is the Canon NP-120 copier. A copier so simple, it works at a touch!



**Canon**  
PLAIN PAPER COPIER  
**NP120**

**Copying within less space.** Compact in design, it incorporates a fixed copyboard that enables it to be placed anywhere. For quiet, solid, dependable operation day in and day out. **Copying on any paper.** Yes, virtually any paper can be used. From statement, letter and legal size — all the way up to 10"x14" so you can even copy computer printouts. It will copy books, sheets, and 3-dimensional objects. **And the convenient cassette loading system holds up to 250 sheets.** And there's no need to change cassettes to make a different size copy when you need just one, **just use the single-sheet bypass system.** Simply slip the copy paper into the bypass and it's done instantly. **Copying within budget.** You save in many ways. First, because the

Canon NP-120 is economical to buy. Secondly, because it's economical to run — with its time and energy saving features, operating costs are kept to a minimum. And since it uses plain paper, you save the cost of specially treated or coated paper. **Copying without wait, too.** There's no warmup time at all. You get 12 crisp, clean copies a minute, regardless of copy size. **One touch copying.** One simple touch on the copy key and it instantly goes to work. No power switch to turn on, and it shuts off automatically. It sits quietly, always ready to copy when you need it. Let's talk with you about how the Canon NP-120 will be just right for your office needs.

**MICRONICS MAKE IT SIMPLE. ASK ABOUT OUR LEASE/PURCHASE PLAN.**

**Call us to arrange a demonstration. No obligation, of course.**

HONOLULU  
2340 Kam Highway

KAHULUI  
261 Lalo Street

HILO  
101 Holomua

KONA  
74-5603 Alapa

**847-0221**

**877-7331**

**935-5401**

**329-1308**

*A different kind of company where promises and customers are kept.*

**office  
things  
inc.**



FEBRUARY 1982  
VOL. 41, NO. 2

# Hawaii MEDICAL JOURNAL

## CONTENTS

### Editorials 53

- The Cardiac Valve Controversy 56**  
George K.T. Chung, M.D.

- Ethnicity and Alcohol 60**  
Sylvia Yuen Schwitters, Ph.D.  
Ronald C. Johnson, Ph.D.  
James R. Wilson, Ph.D.  
Gerald E. McClearn, Ph.D.

- Over the Editor's Desk 66**

- President's Message 68**

- HMA Council Meeting 68**

- Clinical Pathologist's Easy Chair 70**

- HMA Auxiliary 70**

- News and Notes 72**

- Continuing Medical Education 76**

U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143

# IF YOU'RE USING CLORAZEPATE TO TREAT ANXIETY— SOMETHING'S MISSING...

With Valium (diazepam/Roche)—two distinct actions, anxiety relief and skeletal muscle relaxation—to calm emotions and relax tense muscles.

Heightened emotional tension is accompanied by increased muscular tension in 65% of patients.<sup>1</sup> In a multicenter study, Valium demonstrated the ability to produce a statistically significant reduction in psychogenic muscular symptoms in 67 patients—even after just one week of treatment, with continuing improvement throughout four weeks of treatment.<sup>2</sup>

With Valium—a greater choice of dosage forms—three oral strengths plus I.M. and I.V.

With Valium—diazepam itself—working in concert with 3 active metabolites for the response you know and trust.

With Valium—an unmatched record of clinical experience and safety.

With all benzodiazepines—caution patients against drinking alcohol and against the immediate resumption of activities requiring complete mental alertness, such as driving.

References: 1. Clancy J, Noyes R Jr: *Psychosomatics* 17:90-93, April-June 1976. 2. Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley, New Jersey 07110.



THE MIND AND MUSCLE  
ACTION OF **VALIUM<sup>®</sup>**  
**diazepam/ Roche**  
2-mg, 5-mg, 10-mg tablets



Please see summary of product information on following page.





**VALIUM® (diazepam/Roche)**

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in relief of skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome. Oral form may be used adjunctively in convulsive disorders, but not as sole therapy. Injectable form may also be used adjunctively in status epilepticus; severe recurrent seizures, tetanus; anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures, cardioversion.

The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets in children under 6 months of age, known hypersensitivity, acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Use in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL:** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients, should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication, abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V. inject slowly, taking at least one minute for each 5 mg (1 ml) given, do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest, concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea, have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or less), prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence, can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam/Roche), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function, avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2 1/2 mg once or twice daily, increasing gradually as needed or tolerated).

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return, re-administer if necessary, not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures, use topical anesthetic, have necessary countermeasures available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported, should these occur, discontinue drug.

Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam/Roche) therapy and are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure, employ general supportive measures, I.V. fluids, adequate airway. Use levarterenol or metaraminol for hypotension. Dialysis is of limited value.

# Hawaii Medical Journal

(USPS 237-640)

Published Monthly for the  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

Editor, HARRY L. ARNOLD, Jr., M.D.

Managing Editor, DORIS R. JASINSKI, M.D., M.P.H.

News Editor, HENRY N. YOKOYAMA, M.D.

Associate Editors, JOHN M. CORBOY, M.D.

J. I. FREDERICK REPPUN, M.D.

Editorial Assistants: BECKY KENDRO, JENNIE ASATO

Editorial Board: FRANCIS H. FUKUNAGA, M.D.,  
NORMAN GOLDSTEIN, M.D., RALPH W. HALE, M.D.,  
THOMAS C. HALL, M.D., ROBERT T. S. JIM, M.D.,  
JAMES LUMENG, M.D., FRANCIS D. PIEN, M.D.,  
SIANG YONG TAN, M.D., THOMAS J. WHELAN, JR., M.D.

Publications Committee: DORIS JASINSKI, M.D. (CHAIRMAN)  
CHARLOTTE M. FLORINE, M.D. (COMMISSIONER)  
HARRY L. ARNOLD, JR., M.D., JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D., WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D., JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D., BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D., SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D., HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA AUXILIARY)

## OFFICERS

President, ANN B. CATTS, M.D.

President-Elect, CALVIN C.M. KAM, M.D.

Past President, NEAL E. WINN, M.D.

Secretary, KWONG YEN LUM, M.D.

Treasurer, WILLIAM HINDLE, M.D.

County Presidents

Hawaii, ERNEST L. BADE, M.D.

Honolulu, THOMAS G. CAHILL, M.D.

Kauai, JOHN W. NEWMAN, M.D.

Mauai, MICHAEL R. SAVONA, M.D.

West Hawaii, JEFFREY B. McDEVITT, M.D.

Delegate to AMA,

HERBERT Y.H. CHINN, M.D.

Alternate Delegate to AMA,

WILLIAM E. IACONETTI, M.D.

Advertising Representatives

National

UNITED MEDIA ASSOCIATES, INC.

16 Bruce Park Avenue

Greenwich, Connecticut 06830

Phone (203) 661-9702

Honolulu:

CROSSROADS PRESS, INC.

Post Office Box 833

Honolulu, Hawaii 96808

Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc. for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Annual subscriptions is \$10. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1981 by the Hawaii Medical Association. Printed in U.S.A.



ROCHE PRODUCTS INC  
® Manati, Puerto Rico 00701





## Editorials

### Health Care vs. Medical Care

At its annual Guest Day in 1981, the Auxiliary to the Honolulu County Medical Society sponsored a program on "Rx: Cross Cultural Caring."

Aside from the inherent worth of such a program to the participants, living in a multi-ethnic state such as Hawaii, where all of us truly need to learn and be aware of each other's roots and traditional cultures, the tone of the whole program centered around criticism of the American medical profession for being doctors too busy and too specialized to take time to care for the whole person.

Our own Don Char, chief of the University of Hawaii Student Health Service, in the opening address of the day-long program at the Ala Moana Hotel, attended by over 500 people, put it this way: "... our health care leaders and educators, rewarded for their work in curative medicine and research, have largely lost contact with the masses of people in the community they serve ... I think we already all accept the fact that we (doctors) need to return to a 'caring' model for health, rather than to continue to use the 'curing' model. In fact, most of us would agree that we need to focus more on preventive and early anticipatory care and guidance."

Physicians, from the time of Hippocrates of Cos on, and probably long before that, were and are born primarily to serve the afflicted of the human race — the sick, the injured, the blind and the lame. It is only incidentally, but importantly, that we in the profession are also educators and preachers of good health practices, i.e. the maintenance of good health. We also have a long history of doing scientific research designed to prevent the natural afflictions that bring about ill health; this is what can be labeled preventive community medical care.

A healthy person does not ordinarily visit a physician. Third party insurance carriers are loathe to fund visits to a physician or a medical facility for "no disease found," which is indeed not a diagnosis at all. One cannot be legally hospitalized "for a rest, please, Doc!" One cannot get a medical excuse slip in order to stay away from work for a whim or to go fishing (unless your doctor is also your very good friend). Truly, the terms "health care" and particularly "health care provider" are ridiculous misnomers.

The preservation of one's good health is a very personal responsibility. When the state or a variety of do-gooders intervene and force people to stay healthy by having laws passed forbidding people to drink alcohol (Prohibition), to smoke tobacco or marijuana, to force motorcyclists to wear helmets, there is usually generated a large public outcry against the loss of personal liberties.

Some people point out that these laws and prohibitions are not only for the individual's own good, but also for the benefit of society; the state often has to pay the bill when a helmetless cyclist breaks his skull and dies or is seriously injured. Nevertheless, Libertarians and many others claim that in America, at least, the individual should have the precious freedom to be master of his own fate. Therefore, it is up to the individual whether he stays healthy or not.

The current trend throughout this country to lay the faults of overeating, overdrinking, smoking and consuming high cholesterol foods, auto-speeding, drug abuse, crime and violence, etc., at the feet of physicians in general is patently ridiculous.

Physicians are blamed for paying too much attention to trying to cure the sick and injured, and too little attention to those who are physically healthy but insane. It's time such notions were dispelled. Our societal thinking needs to be put back on the right track.

The modern physician is nearly overwhelmed by the breadth of new medical scientific knowledge. Consequently, he has all he can do to concentrate in a narrow field and master it well as a specialist. Even so, he has been trained in all aspects of holistic medical care, and the base of his expertise is grounded in knowledge of the entire body as part of the whole person. The eye surgeon, for example, has all he can hold in his brain and his skilled fingers when he attempts to insert a lens implant; he must perforce leave it to his fellow consultants in anesthesiology, in cardiology, in internal medicine to monitor the elderly infirm patient, so that he can feel comfortable about giving his patient the gift of renewed sight without the patient's dying on the table from a heart attack, or liver or kidney disease.

The specialist depends on the team approach to his patient. Naturally, the patient wonders who is the captain of that team and to whom he should complain about an itch or a pain elsewhere than in his eye. Lucky the patient who has a family doctor on the team, and lucky the specialist who can fall back on a family doctor to appraise him about the whole patient!

If physicians appear to project an image of "curing" rather than "caring," it is not their fault. It is the nature of modern society in a country with a sophisticated and high standard of living and culture, a society in which the individual members want the very best for themselves and "to hell with the cost." Our very poor do get the very best, thanks to our beneficent welfare state, but unfortunately it is the hard-working great middle class of people who have to pay out of pocket for expensive medical care and have to pay besides for equally expensive care of the poor.

The rich, the middle, and the poor of the United States, each demands and expects the very best of medical care, not health care.

JIFR

### Death of 'Your Body, Your Mind'

There will be no 1982 season for HMA's popular public education series, which was to have commenced its fourth

*(Continued on Page 54)*



season on statewide television. The problem was priorities.

After several years of practice with cablevision medical shows, we began "Your Body, Your Mind" in 1979, sponsored by the Chamber of Commerce Public Health Committee. After the first year's seed grant, HMA shared sponsorship with HMSA, and the series attracted an increasingly large and loyal audience.

Our TV-Radio Committee directed the series, and the programs improved as moderators gained skill in interviewing HMA physicians and visiting health professionals. The trick was to keep the conversations lively and simple enough for general audiences. Because the show was filmed by Punahou School students and produced by their instructors, we were able to package high-quality half-hour shows for about \$700 apiece, or about one-tenth the usual cost. The air time was provided free by KHET as a public service.

After the programs were featured on Sunday evening prime time, they cycled through the cable networks; many shows can still be seen reverberating on late-night cablevision. The tapes circulated to schools through the Department of Education, and the Hawaii Medical Library made tapes available to the public. Longs Drugs sponsored and distributed promotional posters, and medical foundations paid for ads; the show began to seem like a *community* project. HMA spent about \$5,000 annually for the series, which was a lot of bang for the buck; HMSA provided twice that amount.

Unfortunately, financial pressures prompted our HMA Council last fall to recommend withdrawal of all public relations funding, including "Your Body, Your Mind" and Tel-Med. This action was taken, despite recommendations of the Leadership Conference and a membership poll in which three-fourths of respondents favored continued support of both programs. Unable to support both Tel-Med and "Your Body, Your Mind" alone, HMSA shifted all its funding from television to telephone.

To save "Your Body, Your Mind," now entirely dependant on HMA, the committee arranged private contributions for the promotion budget, which cut HMA's cost to only \$7,000 (or about \$7 per member) for the entire season. Nevertheless, the House of Delegates decided even this was too much; "Your Body, Your Mind" died.

Last-ditch committee efforts to secure additional private funding failed. Businessmen said, "If the doctors themselves won't support health education and promotion of their own image, why should we?" Why, indeed? It was a tough question to answer; still is!

In most organizations such as ours, 5-10% of funds are budgeted for public relations and promotion; to do otherwise proves short-sighted. "Your Body, Your Mind" and Tel-Med were unique vehicles not only for imparting medical information, but for showing that physicians *care* about disease prevention, consumer education, and patient welfare.

Luckily, HMSA cared enough to spare Tel-Med. But it's a shame the community lost "Your Body, Your Mind." As one physician respondent put it, "One of the few visible, unselfish, worthwhile things we do for the commu-

nity." As our increasing membership brings some discretionary income, our leaders should reconsider recent decisions which suggest subtle changes in our direction. An isolationist attitude may be rationalized by the need for "budget balancing," but will prove detrimental to our Association in the long view.

For too long HMA Public Relations has been budgeted from the bottom of our barrel. That time has passed: "If doctors themselves won't support health education and promotion of their own image, why should businessmen?"

JMC

## Food for Thought

It isn't often that items in our JOURNAL attract public attention, so it was with some surprise that we found the local news media discussing editorial warnings regarding DEA/DIU entrapment of physicians (HMJ, 12/81).

The purposes of the piece were: (1) to warn physicians of their colleagues' experiences; (2) to solicit complaints as evidence against the Agency; and (3) to serve notice that breach of physicians' civil rights will not be tolerated.

The effect was startling. Charges and countercharges flew! Particularly disurbing was the degree to which pharmacists feared reprisals, should they comment publicly regarding intimidation. The Pharmaceutical Association president, however, supported DEA "hassling — legal or *illegal* — any way is the best way."

More to the point, some physicians criticized the editorial for "defending medical sociopaths who have flagrantly peddled drugs for years." This interpretation was regrettable; we're not defending anybody. We're directing scrutiny toward public servants who seem more interested in convictions than the problem of errant physicians; toward intimidation of pharmacists and entrapment of physicians; and particularly toward the climate of suspicion being engendered between physicians and their patients. We are stressing that, however praiseworthy the ends may be, and no matter how wicked the villains, illegal means must never be tolerated.

Perhaps the key issue, however, was highlighted best by a patient: "Why are these clowns hounding you docs anyway? Because you physicians have abdicated your responsibility! If the Board of Medical Examiners had some authority, and your Association had some guts, you could police your own. It's long overdue, you know."

"Instead of complaining about these government clerks who are merely doing their job, why not push for legislation to enable physicians to clean up their own profession? You might even ask those drug enforcement guys to help in *your* attack on the bad eggs in town! Now *that* would be constructive." It certainly would. Who'll propose the enabling legislation?

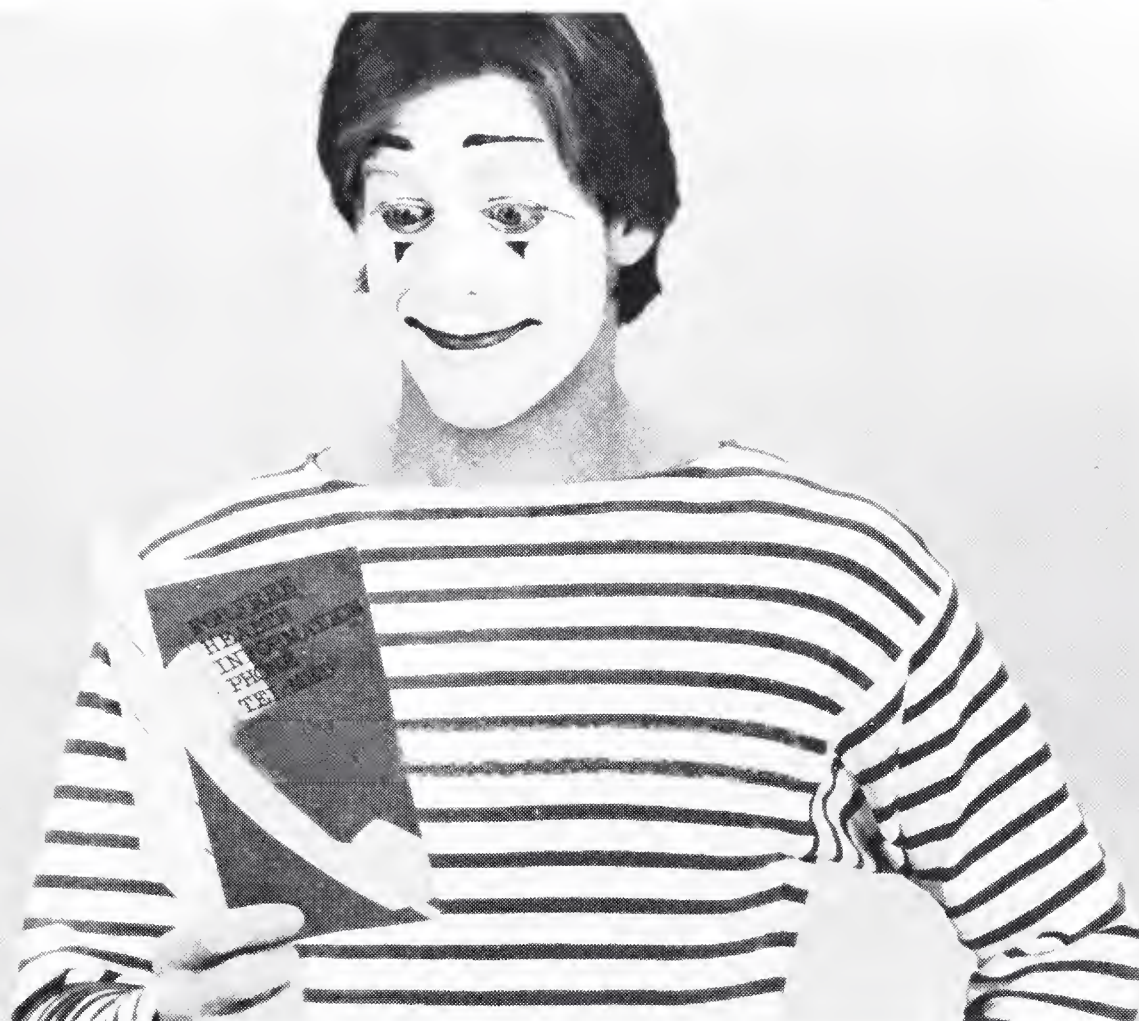
JMC

## Add One More Thought

*Any doctor — even any medical society — inclined to criticize, discipline, or restrict the privileges of a physician, even for good cause, had better be prepared to spend a lot of time in court for the next few years. It is not indifference, or callousness, or lack of public spirit that prevents the proper disciplining of physicians who do wrong. It is simple prudence, and well-founded prudence, at that.*

HLA Jr.





# Help Your Patients Learn Through TEL-MED

There's an easy way your patients can learn how to remain healthy. How to get more exercise, quit smoking, or lose weight. Have them call TEL-MED.

Use the TEL-MED brochure and suggest tapes for your patients. Or your patients can select a tape of their choice. All they need to do is call TEL-MED and ask for a taped message by number. All TEL-MED messages have been carefully screened by local physicians to ensure accuracy and appropriateness to Hawaii.

TEL-MED callers in Hawaii report that TEL-MED increases their understanding of their physician's diagnosis and recommendations.

The TEL-MED brochure lists over 270 tapes by name and number. If you would like free brochures for your patients, write to HMSA or call 944-2398.

Have your patients call TEL-MED between the hours of 12 noon and 8 p.m., Monday through Saturday.

---

#### TEL-MED

---

**HAWAII . . . .938-0811**  
**KAUAI . . . .248-9011**

**MAUI . . . . .244-0911**  
**OAHU . . . . .521-0711**



A COMMUNITY SERVICE OF HMSA  
WORKING FOR A HEALTHIER HAWAII

# The Cardiac Valve Controversy: A Point of View

George K.T. Chung, M.D.

Honolulu surgeons reported in 1978 of acute catastrophic thrombosis of the Bjork-Shiley disc valve in 8 patients among 159 valve replacements done in Hawaii from 1971 to 1977.<sup>1</sup> Since then, there has been a preference among local cardiac surgeons to use porcine or bovine bioprosthetic valves (Table 1). These bioprostheses were known to have a low thromboembolic rate without anticoagulants, but their durability was unknown.

Some information on the long-term durability of these tissue valves is now available.<sup>2, 3, 4, 5, 12</sup> These reports indicate that there is about an 8-10% actuarial risk of valve failure 6 years after implantation, and 16% at 7 years. In patients below 30-35 years of age, valve degeneration approaches 40-50% at 5 years<sup>2, 3, 4</sup>, and clearly is an important problem in the younger age group.

## Risk Prediction Difficult

Insufficient numbers of patients prevent prediction whether this risk will stabilize or accelerate as time passes. The prospect of replacing malfunctioning bioprostheses in

significant numbers of patients must be weighed against the benefits of not requiring anticoagulation.

Because of the impetus provided by the report of Moreno-Cabral et al. to use the bioprosthetic valve in Hawaii, a review of it seems appropriate.

The study<sup>1</sup> involved 160 Bjork-Shiley valves, 159 implanted in Honolulu, and one elsewhere, over a 6-year period. There was a 7% incidence of thrombosed mitral prostheses and a 3% rate in the aortic position ( $p=0.10$ ) (Table 2). None of the 8 patients were on coumarin derivatives at the time; 3 had never been anticoagulated and 5 had had hemorrhagic complications, requiring discontinuation of coumarin and start of ASA and dipyridamole.

The salvage rate was 17% (1/6) for the mitral valve and 100% (2/2) for the aortic valve ( $p=0.22$ ) (Table 3).

The authors advised immediate and long-term anticoagulation with heparin and, later, warfarin as necessary for Bjork-Shiley valves in both the mitral and aortic positions.

Tissue valves were preferred because of the frequency of hemorrhagic complications and patient unreliability in taking anticoagulants with the Bjork-Shiley valve. The

Accepted for publication March 1981.

**TABLE 1**  
Number and type valve used.

	Year	
	1979	1980
No. Bjork-Shiley	1	5
No. Bioprosthesis	92	119

a) From Queen's and St. Francis hospitals.

**TABLE 2**  
Valve thrombosis, 1971-1977

	Number Thrombosed			
	Number	%	70%CL**	
Mitral	86	6	7*	4-11
Aortic	74	2	3*	0.9-6

\*  $p=0.10$  for difference (Fisher)

\*\* CL=Confidence limits

**TABLE 3**  
Salvage rate of thrombosed valves.

	Number	Survived	%	70%CL
Mitral	6	1	17*	2-46
Aortic	2	2	100*	39-100

\*  $p=0.22$  for difference (Chi-square)



latter conclusions were not supported by data in the study group on hemorrhagic events or patient compliance.

In retrospect, the major burden of thrombosis was placed on the device itself rather than incomplete knowledge in 1971-1977 that anticoagulation was imperative in all prosthetic valves. Several reports on prosthetic valves have demonstrated that thrombotic phenomena can be kept at 2% per year or less with attentive and aggressive anticoagulation.<sup>6,9,10</sup> Neither type valve is ideal and all physicians involved in the care of patients requiring valve replacement face the decision of which one to choose.

### Guidelines for Valve Type

Reasonable guidelines for the use of tissue valves appear to be:<sup>4-11</sup>

1—Patients unable to have strict and adequate control of anticoagulation;

2—Patients with less than 10 years life expectancy;

3—Women wanting to have children or patients engaged in potentially traumatic activities;

4—Patients with medical conditions which contraindicate anticoagulations.

Guidelines for the use of prosthetic devices would be:

1—Patients 35 years of age or younger;

2—Patients on renal dialysis or with disorders of calcium metabolism;<sup>3,5,12</sup>

3—Patients requiring long-term anticoagulation for other indications, e.g. atrial fibrillation or past thromboembolism.

For many patients, the guidelines will be less well-defined. It seems important that they be informed of the options, and the risks and advantages of both types of valves.

### ACKNOWLEDGEMENTS

The editorial work of Kay Poser is appreciated

### REFERENCES

1. Moreno-Cabral R, McNamara J, Mamiya R, Brainard S, Chung G. Acute thrombotic obstruction with Bjork-Shiley valves. *J. Thorac. Cardiovasc. Surg.* 75, 321-330, March 1978.
2. Malligan D, Lewis J, Jara F, Lee M, Alam M, Riddle J, Stein P. Spontaneous degeneration of porcine bioprosthetic valves. *Ann. Thorac. Surg.* 30, 259-266, September 1980.
3. Kutsche L, Oyer P, Shumway N, Baum D. An important complication of Hancock mitral valve replacement in children. *Circ.* 60, (suppl. 1), 1-98, 1979.
4. Williams J, Karp R, Kirklen JW, Kouchoukos NT, Pacifico A, Zorn G, Blackstone E, Brown B, Piantodosi S, Bradley E. Considerations in selection and management of patients undergoing valve replacement with glutaraldehyde-fixed porcine bioprostheses. *Ann. Thorac. Surg.* 30, 247-258, September 1980.
5. Oyer P, Miller D, Stinson E, Reitz B, Moreno-Cabral R, Shumway N. Clinical durability of the Hancock porcine bioprosthetic valve. *J. Thorac. Cardiovasc. Surg.* 80, 824-833, December 1980.
6. Lepley D, Flemma R, Mullen D, Motl M, Anderson A, Weirach F. Long-term follow-up of the Bjork-Shiley prosthetic valve used in the mitral position. *Ann. Thorac. Surg.* 30, August 1980.
7. Carpentier A, Deloche A, Relland J, Fabiani J, Forman J, Camilleri J, Soyfer R, Dubost C. Six-year follow-up of glutaraldehyde-preserved heterografts. *J. Thorac. Cardiovasc. Surg.* 68, 771-782, November 1974.
8. Cohn L, Collins JJ. The glutaraldehyde stabilized porcine xenograft valve. *Tissue Heart Valves*, ed. by M. Ionescu, London, Butterworths, 1978.
9. Bjork V, Henze A. Ten years experience with the Bjork-Shiley tilting disc valve. *J. Thorac. Cardiovasc. Surg.* 78, 331-342, 1979.
10. MacManus Q, Grandemeier G, Lambert L, Tepley J, Harlan B, Starr A. Year of operation as a risk factor in the late results of valve replacement. *J. Thorac. Cardiovasc. Surg.* 834-841, December 1980.
11. Kirklin JW. The replacement of cardiac valves. *N. Engl. J. Med.* 304, 291-292, January 29, 1981.
12. Cohn L, Mudge G, Pratter F, Collins J. Five to eight year follow-up of patients undergoing porcine heart-valve replacement. *N. Engl. J. Med.* 304, January 29, 1981.

# \$69,000

## A Romantic Tropical Hideaway in the Heart of Waikiki

Enjoy romantic reflections of a full moon on the secluded pool. Flickering tiki torches among the lush tropical gardens lets one reminisce the days of old Hawaii.

In addition to all this tropical splendor we offer many

opportunities to the real estate investor. Great conversion tax advantages. Equity buildup. Hedge against inflation. Favorable financing. On-site management.

Only 23 of these large one bedroom condominiums remain.

**3 year agreement of sale at 12½% annual percentage rate.**

**CALL TODAY 926-1694**

Christiane Friese Realtor • McCloskey & Company Realtors • Neil Petagno, Inc. — Developer

Or visit our designer model

**Hawaiian King**

417 Nohonani Street Waikiki, Oahu

Courtesy

Leasehold

# DRAMATIC NEW CLINICAL PROOF\*

**In the treatment of impetigo—**

- **100% cure rate with Tegopen® (cloxacillin sodium)**
- **only a 60% cure rate with penicillin V-K**



**As seen on admission**



**After one week of penicillin V-K therapy**



**Two weeks after initiation of TEGOPEN therapy**

Treatment failure was judged to have occurred when lesions increased in size and/or number during the initial week of treatment with penicillin V-K. No treatment failures occurred with Tegopen.

\*Data on file, Bristol Laboratories.

## Brief Summary of Prescribing Information

**TEGOPEN®**  
(cloxacillin sodium)  
Capsules and Oral Solution

For complete information, consult Official Package Circular.

(12) 9/11/75

### INDICATIONS:

Although the principal indication for cloxacillin sodium is in the treatment of infections due to penicillinase-producing staphylococci, it may be used to initiate therapy in such patients in whom a staphylococcal infection is suspected. (See Important Note below.)

Bacteriologic studies to determine the causative organisms and their sensitivity to cloxacillin sodium should be performed.

### IMPORTANT NOTE

When it is judged necessary that treatment be initiated before definitive culture and sensitivity results are known, the choice of cloxacillin sodium should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semi-synthetic penicillin.

Recent studies have reported that the percentage of staphylococcal isolates resistant to penicillin G outside the hospital is increasing, approximating the high percentage of resistant staphylococcal isolates found in the hospital. For this reason, it is recommended that a penicillinase-resistant penicillin be used as initial therapy for any suspected staphylococcal infection until culture and sensitivity results are known.

Cloxacillin sodium is a compound that acts through a mechanism similar to that of methicillin against penicillin G-resistant staphylococci. Strains of staphylococci resistant to methicillin have existed in nature and it is known that the number of these strains reported has been increasing. Such strains of staphylococci have been capable of producing serious disease, in some instances resulting in fatality. Because of this, there is concern that widespread use of the penicillinase-resistant penicillins may result in the appearance of an increasing number of staphylococcal strains which are resistant to these penicillins.

Methicillin-resistant strains are almost always resistant to all other penicillinase-resistant penicillins (cross-resistance with cephalosporin derivatives also occurs frequently). Resistance to any penicillinase-resistant penicillin should be interpreted as evidence of clinical resistance to all, in spite of the fact that minor variations in *in vitro* sensitivity may be encountered when more than one penicillinase-resistant penicillin is tested against the same strain of staphylococcus.

### CONTRAINDICATIONS:

A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.



**RESULTS OF ORAL THERAPY** revealed a high percentage of treatment failures with penicillin V potassium, but *no* failures with Tegopen.

		Given Tegopen® (cloxacillin sodium)	Given penicillin V-K
<i>Staphylococcus aureus</i>	(78 patients)	39	39
Returned to clinic at one week .....		29†	38†
Treatment failure at one week .....		0	18 (47.4%)
<i>Staphylococcus aureus</i> and <i>Streptococcus pyogenes</i>	(9 patients)	4	5
Returned to clinic at one week .....		4	5
Treatment failure at one week .....		0	2 (40%)
<b>No initial bacterial growth</b>	(14 patients)	9	5
All 14 healed, regardless of which antibiotic was administered.			
<b>Beta-hemolytic <i>Streptococcus</i></b>	(1 patient)	0	1
<b>TOTALS:</b>	<b>102 patients</b>	<b>52 patients</b>	<b>50 patients</b>

†Eleven patients did not return for their one-week checkup. These were all called by telephone, and their families reported

the lesions had healed. One patient was dropped from the study, early, because of adverse reaction to medication

**STUDY:  
DESCRIPTION/PROTOCOL**

- 102 nonselected subjects, with initial bacteriology as follows: 77% *Staphylococcus aureus*, 9% mixed *Staphylococcus aureus* and *Streptococcus pyogenes*, and 1% beta-hemolytic *Streptococcus*.†
- All patients were given randomized therapy—Tegopen capsules or oral solution, or penicillin V-K tablets or oral solution, in recommended dosages according to body weight.

- All patients were evaluated after one week's therapy. If there was no improvement, therapy was switched to the other antibiotic. The "other antibiotic" proved to be Tegopen 100% of the time because no treatment failures had occurred with Tegopen.
- A final assessment of progress was made two weeks after initiation of Tegopen therapy.

†The remainder, to equal 100%, consisted of 14 patients (13%) who exhibited no initial bacterial growth. These 14 were all healed, whether given Tegopen or penicillin V-K

**TEGOPEN®**  
(cloxacillin sodium)

**-effective therapy for staph infections  
of the skin and skin structures**

**WARNING:**

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., pressor amines, antihistamines, and corticosteroids.

Safety for use in pregnancy has not been established.

**PRECAUTIONS:**

The possibility of the occurrence of superinfections with mycotic organisms or other pathogens should be kept in mind when using this compound, as with other antibiotics. If superinfection occurs during therapy, appropriate measures should be taken.

As with any potent drug, periodic assessment of organ system function, including renal, hepatic, and hematopoietic, should be made during long-term therapy.

**ADVERSE REACTIONS:**

Gastrointestinal disturbances, such as nausea, epigastric discomfort, flatulence, and loose

stools, have been noted by some patients. Mildly elevated SGOT levels (less than 100 units) have been reported in a few patients for whom pretherapeutic determinations were not made. Skin rashes and allergic symptoms, including wheezing and sneezing, have occasionally been encountered. Eosinophilia, with or without overt allergic manifestations, has been noted in some patients during therapy.

**USUAL DOSAGE:**

Adults: 250 mg. q. 6h.

Children: 50 mg./Kg./day in equally divided doses q. 6h. Children weighing more than 20 Kg. should be given the adult dose. Administer on empty stomach for maximum absorption.

**†N.B. INFECTIONS CAUSED BY GROUP A BETA-HEMOLYTIC STREPTOCOCCI SHOULD BE TREATED FOR AT LEAST 10 DAYS TO HELP PREVENT THE OCCURRENCE OF ACUTE RHEUMATIC FEVER OR ACUTE GLOMERULONEPHRITIS.**

**SUPPLIED:**

Capsules—250 mg. in bottles of 100. 500 mg. in bottles of 100  
Oral Solution—125 mg./5 ml. in 100 ml. and 200 ml. bottles.

**BRISTOL®**

Bristol Laboratories  
Division of Bristol-Myers Company  
Syracuse, New York 13201

Copyright © 1981, Bristol Laboratories

# Ethnicity and Alcohol

Sylvia Yuen Schwitters, Ph.D.\*

Ronald C. Johnson, Ph.D.\*\*

James R. Wilson, Ph.D.\*\*\*, and

Gerald E. McClearn, Ph.D.\*\*\*\*

• *Self reports of attitudes toward and use of alcohol of over 3,700 respondents from 6 ethnic groups were compared in order to assess group differences in alcohol use and the effects of alcohol. Group differences were relatively large in alcohol use.*

Racial/ethnic groups vary substantially in alcohol use and in alcoholism. Native Americans,<sup>1</sup> Hawaiians and Samoans,<sup>2</sup> and Irish<sup>3</sup> are among the groups with a high proportion of drinking problems. On the other extreme, Chinese<sup>4,5</sup> and Jews<sup>6</sup> have been reported to be very low in alcohol-related problems. Differences between racial/ethnic groups may result from differences in customs (e.g., ritual vs. convivial drinking; drinking while eating vs. drinking in the absence of food) and expectations regarding drunken comportment,<sup>7</sup> from broader differences across cultures (e.g., amount of stress in a given culture<sup>8</sup>), or from genetic or physiological differences between groups.

There has been a recent upsurge of interest in racial/ethnic differences in metabolism<sup>9</sup> and other physiological responses<sup>10,11</sup> to alcohol. A number of these studies have compared persons of Oriental, Caucasians (Ed. European or white), Oriental-Caucasian, and other ancestries on physiological responses to alcohol.<sup>12</sup> The present paper focuses on ethnic comparisons of various dimensions of alcohol use and of tolerance to alcohol.

## Method

### Subjects

Respondents consisted of adults on the Island of Oahu, Hawaii, who were of European, Chinese, Filipino, Hapa-Haole, Hawaiian/part Hawaiian, or Japanese ancestries. The term Hapa Haole refers here specifically to persons who reported one European parent and one Oriental (Chinese, Korean, or Japanese) parent.

For correspondence and reprints: Sylvia Yuen Schwitters, Ph.D., Department of Psychology, George 131, University of Hawaii, Honolulu, Hawaii 96822.

Source of support: NIAAA research grant AA-01762.

\*Associate Professor, Department of Human Development, University of Hawaii

\*\*Professor, Department of Psychology, and Director, Behavioral Biology Laboratory, University of Hawaii

\*\*\*Associate Professor, Department of Psychology, University of Colorado

\*\*\*\*Professor, Department of Psychology, University of Colorado

### Measuring Devices and Procedures

All respondents were administered a 369-item questionnaire. The first part of the questionnaire included informational, personality, and attitudinal items which could be answered by everyone, including teetotalers; the second part, containing items relevant only to drinkers or former drinkers, was not completed by those who reported they had never used alcohol.

A professional survey research company was employed to sample the population of Oahu and to administer the questionnaire. The firm was contracted to obtain data from 3,600 respondents, 600 (400 males and 200 females) in each of 6 ethnic groups. Interviewers approached pre-selected households and ascertained their suitability for inclusion by determining whether there was at least one resident who was (1) a member of one of the ethnic groups listed above, (b) at least 20 years old, and (c) a resident of Oahu. If these questions were answered affirmatively, the interviewer left one or more questionnaires to be completed within 24 hours. The interviewer returned the next day to retrieve and check the completed questionnaire(s). Each respondent received \$5 compensation. At least 10% of the questionnaires were verified by telephoning the household to inquire whether the respondent had completed the questionnaire personally. If any questionnaire failed this test, all of that interviewer's work was checked.

### Results

The sex and ethnicity of the sample obtained is presented in Table 1.

Table 1  
Sample by Sex and Ethnicity

Ethnic Group	Male	Female	Total
Caucasian (white)	420	236	656
Chinese	452	223	675
Filipino	407	248	655
Hapa Haole	230	213	443
Hawaiian/Part-Hawaiian	411	229	640
Japanese	418	227	645
TOTAL	2,338	1,376	3,714

As indicated in Table 1, the actual sample differed from the planned sample in one major way: the Hapa Haole group is equally divided as to sex. This results from the



fact that, while cross-ethnic matings between persons of Asian and European ancestries are becoming increasingly common,<sup>13</sup> they were far less frequent a generation or more ago; therefore, it was difficult to fill the Hapa Haole category with a predominance of any one sex. Although not shown in the present paper, the comparative recency of any large number of Oriental-European matings in Hawaii also had an age effect on our sample. Except for the Hapa Haoles, all ethnic groups were closely matched in age. Approximately twice as many Hapa Haoles (74%) were under age 30; the median percent under 30 for the other 5 groups was 36%. The differences in sex ratio and age of the Hapa Haoles compared with other groups may presumably lead to an underestimate of Hapa Haole drinking, since other analyses not reported herein show males to drink more than females and older persons more than younger persons.

Table 2 shows the percentages of persons within different ethnic groups who report that they have never drunk (teetotalers), that they once drank but do not now drink (former drinkers), or that they now are drinkers, and the percentage of persons in each group, of those who have used alcohol, who quit drinking.

Table 2 Drinking Behavior by Ethnic Group		
Ethnic Group	Teetotalers	Former Drinkers
Caucasian (white)	29 4.3%	96 14.2%
Chinese	116 17.1%	86 13.1%
Filipino	203 31.0%	129 19.7%
Hapa Haole	31 7.0%	57 12.9%
Hawaiian/Part Hawaiian	71 11.1%	124 19.4%
Japanese	108 16.7%	102 15.8%
Drinkers	Total N	% of those who have ever drunk who have quit
549 81.3%	675 <sup>1</sup>	14.9%
454 69.2%	656	15.9%
322 49.2%	655 <sup>1</sup>	28.6%
355 80.1%	443	13.8%
445 69.5%	640	21.8%
435 67.4%	645	19.0%

<sup>1</sup> One S in each group did not respond to this question.

Group differences in drinking behavior are relatively

substantial. As would be expected from the literature, persons of European ancestry have the lowest percent of non-drinkers and a low percent of quitters. In contrast, more Orientals have never drunk than whites and, if they have drunk, quit more often than whites did. As previously noted,<sup>14</sup> Hapa Haoles are very similar to whites in probability of having used alcohol and report the lowest percent of quitters. Filipinos are the most divergent group of those studied; a high percent reportedly has never used alcohol and of those who have, a high percentage has quit. We know of no other population data regarding the drinking pattern of Hawaii residents of Filipino ancestry.

A quantity-frequency ("Quafr") scale was constructed. The Quafr scale was formed by combining frequency of drinking with usual quantity consumed. To assess frequency, we asked the question "How often do you drink?". A response of "once or twice a year" was coded as L (low frequency), "once or twice a month" as M (medium), and "daily or almost daily" as H (high). With respect to quantity, subjects were questioned as to amount consumed of the typical or favorite alcoholic beverage (liquor, wine, or beer). In answer to the question, "When you drink (name of favorite beverage), how much do you usually drink?", a response of "one drink" was coded as L (low quantity), "a couple of drinks" to "about one pint" as M (medium), and "about one quart" or "more than a quart" as H (high). For beer or wine drinkers, the same categories were used based on ethanol equivalents in these beverages. Quantity frequency codes were then combined so that ML, for example, indicated medium quantity and low frequency. The 9 possible combinations were further collapsed into 5 categories for the Quafr scale: low=LL; medium low=LM or ML; medium=LH, MM, or HL; medium high=MH or HM; high=HH. Table 3 shows the frequencies of quitters, by ethnic group and Quafr category. If one assigns values to drinking categories, with LL as 1 and HH as 5, the mean scores of persons who quit are Chinese, 2.00; Hapa Haole, 2.29; Japanese, 2.29; Filipino, 2.75; Hawaiian/part Hawaiian, 2.71; and Caucasians, 2.91. The Caucasians were much heavier drinkers than the Orientals or the Hapa Haoles before they quit. Quitting earlier in the game, particularly by persons of Chinese or Japanese ancestries, might be related to differences in symptoms (e.g., flushing, hangovers, etc.) or in problems (e.g., with friends, spouse, or employer) across groups; basically, to differences between groups in tolerance.

Table 3 Quafr Scores of Quitters						
Ethnic Group	Quafr Category					Total N <sup>1</sup>
	LL	ML	M	MH	HH	
Caucasian (white)	9	16	33	15	6	79
Chinese	28	24	19	3	1	75
Filipino	9	37	33	8	2	89
Hapa Haole	15	15	13	5	1	49
Hawaiian/Part Hawaiian	16	21	49	11	6	103
Japanese	24	21	28	9	0	82

<sup>1</sup>N for whom information available; a few quitters did not supply sufficient data to permit the calculation of a quafr score.

Our symptoms scale consisted of answers to 21 items relating to some possible physical consequences of alcohol use, such as flushing, hangovers, dizziness, numbness in hands or feet, shakes, delirium tremens, etc. Data for each ethnic group, at each level of alcohol use, for drinkers and former drinkers, and for the total sample of persons who have ever drunk, are presented in Table 4.

Table 4				
Mean Symptoms by Drinking Category and Ethnic Group				
Ethnic Group	Quafr Category		LL	
	D*		FD*	
Caucasian (white)		4.71 ( 7)**		3.67 ( 9)
	T*	4.13 (16)		
Chinese	D	1.86 (43)		
	FD	4.11 (28)		
	T	2.75 (71)		
Filipino	D	2.12 (17)		
	FD	4.33 ( 9)		
	T	2.88 (26)		
Hapa Haole	D	3.29 (14)		
	FD	3.93 (15)		
	T	3.62 (29)		
Hawaiian/Part Hawaiian	D	1.50 (12)		
	FD	2.75 (16)		
	T	2.21 (28)		
Japanese	D	1.97 (39)		
	FD	3.42 (24)		
	T	2.52 (63)		
* D = Drinkers				
* FD = Former Drinkers				
* T = Total				
** = Number of Subjects				
	ML	M	MH	HH
	3.44 ( 88)	4.45 (264)	5.32 (161)	9.18 (11)
	4.06 ( 16)	6.58 ( 33)	9.93 ( 15)	14.67 ( 6)
	3.54 (104)	4.68 (297)	5.72 (176)	11.12 (17)
	3.33 (124)	4.84 (239)	3.93 ( 28)	( 0)
	3.31 ( 24)	4.07 ( 19)	5.33 ( 3)	15.11 ( 1)
	3.32 (148)	4.12 (258)	4.06 ( 31)	15.00 ( 1)
	3.13 ( 72)	4.31 (162)	4.52 ( 48)	9.20 ( 5)
	3.78 ( 37)	5.33 ( 33)	6.88 ( 8)	5.00 ( 2)
	3.35 (109)	4.89 (195)	4.86 ( 56)	8.00 ( 7)
	4.49 ( 68)	4.60 (210)	5.63 ( 38)	9.00 ( 5)
	5.73 ( 15)	5.85 ( 13)	7.60 ( 5)	9.00 ( 1)
	4.71 ( 83)	4.68 (223)	5.86 ( 43)	9.00 ( 6)
	3.03 ( 71)	3.94 (235)	5.57 ( 91)	8.19 (16)
	4.76 ( 21)	4.90 ( 49)	5.91 ( 11)	7.50 ( 6)
	3.42 ( 92)	4.11 (284)	5.61 (102)	8.00 (22)
	2.95 ( 86)	3.95 (233)	4.75 ( 56)	10.00 ( 1)
	3.67 ( 21)	3.95 ( 28)	5.56 ( 9)	
	3.09 (107)	3.92 (261)	4.86 ( 65)	10.00 ( 1)

The problems scale was formed from answers to 21 questions, such as: "Work ever affected by drinking?", "Problems with relatives due to drinking?", "Number of car accidents due to drinking?", "Number of times charged for drunkenness?" "Neglected family or work due to drinking?", "Attempted to take your own life when drinking?". Mean scores on the problems scale reported by individuals of different ethnic groups in various Quafr categories, for drinkers, former drinkers, and the total sample of persons who never drank are shown in Table 5.

Table 5				
Mean Problems by Drinking Category and Ethnic Group <sup>1</sup>				
Ethnic Group	Quafr Category		LL	
	D*		FD*	
Caucasian (white)				
	T*			
Chinese	D	0.35		
	FD	0.19		
	T	0.28		
Filipino	D	0.36		
	FD	0.50		
	T	0.43		
Hapa Haole	D	0.15		
	FD	0.00		
	T	0.07		
Hawaiian/Part Hawaiian	D	0.10		
	FD	1.00		
	T	0.62		
Japanese	D	0.05		
	FD	0.68		
	T	0.29		
<sup>1</sup> Number of subjects the same as in Table 4				
* D = Drinkers				
* FD = Former Drinkers				
* T = Total				
	LM	MM	MH	HH
	0.31	0.69	1.19	8.82
	0.24	1.59	6.31	20.17
	0.29	1.80	1.65	12.82
	0.20	0.36	0.78	
	0.27	0.22	2.33	1.00
	0.21	0.35	0.94	1.00
	0.32	0.57	1.33	4.80
	0.93	1.50	3.11	4.50
	0.55	0.72	1.61	4.71
	0.28	0.54	1.64	6.60
	0.20	1.54	1.83	2.00
	0.27	0.54	1.67	5.83
	0.24	0.75	2.53	6.07
	1.33	1.40	1.56	6.71
	0.49	0.87	2.44	6.29
	0.20	0.49	0.91	2.00
	0.21	0.52	1.00	—
	0.21	0.49	0.92	2.00

# Discussion

As previously reported,<sup>14</sup> symptoms and problems increased with increased alcohol use. Wilson, McClearn, and Johnson noted that quitters generally report having had more symptoms and problems than those who continue to drink. This observation holds up within given ethnic groups and across Quafr categories. However, among those who continued to drink — all of the ethnic stereotypes regarding drinking in Hawaii to the contrary — the Caucasian drinkers in any Quafr category have at least as many, and usually more symptoms and problems, than do members of other ethnic groups of the same category (and this despite the fact that flushing is a part of the symptoms scale and is less common in Caucasians than in other groups<sup>10, 14</sup>). Differences in drinking between persons of European and Asian ancestries appear to result from differences in avidity or preference rather than from differences in tolerance.



A domain of addiction which is of substantial biomedical interest is that of dependence. Dependence is more appropriately measured by physiological indices of withdrawal. However, one possible measure of degree of dependence is the ability to cease drinking. The percentages of former drinkers who have quit are shown in Table 2. The differences among ethnic groups on this measure are substantial. However, the correlation ( $\rho$ ) between the percent of persons within a given group who have never drunk (teetotalers), and the percent of those who have drunk, but have quit (former drinkers), is 0.69. If being able to quit is an indication of low dependence, then dependence and avidity are very closely associated. Since many quitters had not been heavy drinkers prior to quitting (see Table 3), it seems reasonable to believe that ceasing to use alcohol is more closely associated with avidity/preference or with general cultural mores than with dependence, per se.

### Conclusions

The data presented herein indicate that there are substantial ethnic differences in alcohol drinking behavior (Table 2), in ceasing to drink alcohol once having started (Table 3), and in level of alcohol use among those who continue to consume alcohol (Table 4). When compared within drinking categories, former drinkers reported more symptoms and problems than persons who continued to drink, but ethnic differences in the different use categories were very small.

The higher proportion of drinkers among Caucasians,

and their high Quafr scores, are not surprising to individuals working with alcohol problems in Hawaii. Symptoms and problem scores within use categories suggest that persons of European ancestry are not more alcohol-tolerant; rather, ethnic differences in alcohol consumption appear to be in the domain of preference or avidity, not tolerance. Differences between ethnic groups in alcohol drinking behavior are substantial, but are far fewer than popular belief or admissions to treatment facilities would lead one to believe.

### REFERENCES

1. Kunitz SJ, Levy J, Odoroff C, Bollinger J. The epidemiology of alcoholic cirrhosis in two southwestern Indian tribes. *Quarterly Journal of Studies on Alcohol*, 1971, 32, 706-720.
2. Lemert EW. Forms and pathology of drinking in three Polynesian societies. *American Anthropologist*, 1964, 66, 361-374.
3. Knupfler G, Room R. Drinking patterns and attitudes of Irish, Jewish, and white Protestant American men. *Quarterly Journal of Studies on Alcohol*, 1967, 28, 676-699.
4. Chu G. Drinking patterns and attitudes of rooming house Chinese in San Francisco. *Quarterly Journal of Studies on Alcohol*, 1972, 6, 58-68.
5. Lin T. A study of the incidence of mental disorder in Chinese and other cultures. *Psychiatry*, 1953, 16, 313-336.
6. Bales RF. Cultural differences in rates of alcoholism. *Quarterly Journal of Studies on Alcohol*, 1946, 6, 480-499.
7. MacAndrew C, Edgerton RB. *Drunken comportment: A social explanation*. Chicago: Aldine, 1969.
8. Horton DJ. The functions of alcohol in primitive societies. *Quarterly Journal of Studies on Alcohol*, 1943, 4, 199-320.
9. Reed TE, Kalant H, Gibbins RJ, Kapur BM, Rankin JG. Alcohol and acetaldehyde metabolism in Caucasians, Chinese, and Americans.
10. Wolff PH. Vasomotor sensitivity to alcohol in diverse Mongoloid populations. *American Journal of Human Genetics*, 1973, 25, 193-199.
11. Hanna JM. Ethnic groups, human variation, and alcohol use. In M.W. Everett, J.O. Waddell & D.B. Heath (Eds.), *Cross-cultural approaches to the study of alcohol*. Chicago: Aldine, 1976, pp. 235.
12. Reed TE. Racial comparisons of alcohol metabolism. Paper presented at National Council on Alcoholism meeting, San Diego, Calif., May 2-4, 1977.
13. Glick CE. Interracial marriage and admixture in Hawaii. *Social Biology*, 1970, 17, 278-291.
14. Wilson JR, McClearn GE, Johnson RC. Ethnic variation in use and effects of alcohol. *Drug and Alcohol Dependence*, 1978, 3, 147-151.

## The most advanced Orthopedic Physical Therapy in Hawaii

Individually designed programs, supervised and monitored by CHART's professional staff. Patients participate in active rehabilitation using Sports Medicine techniques to restore maximum function and strength. Now in the third year of operation, patients use CHART's exclusive in-house exercise equipment and facilities.

Rowlin L. Lichter, M.D. *Medical Director*  
James K. Hewson, *RPT* Lauri Skopek, *RPT*  
Sara J. Radke, *RPT* Florian Flores, *RPT*

# CHART

Comprehensive Health And Rehabilitation Training

1314 South King Street Suite 750  
Honolulu, Hawaii 96814 Telephone 523-1674

## The United States Air Force Medical Corps

is currently accepting applications  
for the following specialties:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.



# Candidates for nutritional therapy...

**10,000,000**

**alcoholics.** Ethanol may produce many effects that together bring about nutritional deficiencies, so that alcoholism affects nutrition at many levels.<sup>1</sup>

**25,500,000 geriatric**

**patients.** The older patient may have some disorder or socioeconomic problem that can undermine good nutrition.<sup>2</sup>

**23,500,000 surgical**

**patients.** Nutritional status can be compromised by the trauma of surgery; and some operations interfere with the ingestion, digestion and absorption of food.<sup>3</sup>



**Before prescribing, please consult complete product information, a summary of which follows:**

Each Beroeca® Plus tablet contains 5000 IU vitamin A (as vitamin A acetate), 30 IU vitamin E (as *dl*-alpha tocopheryl acetate), 500 mg vitamin C (ascorbic acid), 20 mg vitamin B<sub>1</sub> (as thiamine mononitrate), 20 mg vitamin B<sub>2</sub> (riboflavin), 100 mg niacin (as niacinamide), 25 mg vitamin B<sub>6</sub> (as pyridoxine HCl), 0.15 mg biotin, 25 mg pantothenic acid (as calcium pantothenate), 0.8 mg folic acid, 50 mcg vitamin B<sub>12</sub> (cyanocobalamin), 27 mg iron (as ferrous fumarate), 0.1 mg chromium (as chromium nitrate), 50 mg magnesium (as magnesium oxide), 5 mg manganese (as manganese dioxide), 3 mg copper (as cupric oxide), 22.5 mg zinc (as zinc oxide).

**Indications:** Prophylactic or therapeutic nutritional supplementation in physiologically stressful conditions, including conditions causing depletion, or reduced absorption or bioavailability of essential vitamins and minerals; certain conditions resulting from severe B-vitamin or ascorbic acid deficiency; or conditions resulting in increased needs for essential vitamins and minerals.

**Contraindications:** Hypersensitivity to any component.

**Warnings:** Not for pernicious anemia or other megaloblastic anemias where vitamin B<sub>12</sub> is deficient. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with vitamin B<sub>12</sub> deficiency who receive supplemental folic acid and who are inade-

quately treated with B<sub>12</sub>.

**Precautions: General:** Certain conditions may require additional nutritional supplementation. During pregnancy, supplementation with vitamin D and calcium may be required. Not intended for treatment of severe specific deficiencies. *Information for the Patient:* Toxic reactions have been reported with injudicious use of certain vitamins and minerals. Urge patients to follow specific dosage instructions. Keep out of reach of children. *Drug and Treatment Interactions:* As little as 5 mg pyridoxine daily can decrease the efficacy of levodopa in the treatment of parkinsonism. Not recommended for patients undergoing such therapy.

**Adverse Reactions:** Adverse reactions have been reported with specific vitamins and



**5,000,000 hospital patients with infections.**<sup>4</sup> Many are anorectic and may have a markedly reduced food intake. Supplements are often provided as a prudent measure because the vitamin status of critically ill patients cannot be readily determined.<sup>3</sup>

**The incalculable millions on calorie-reduced diets.** Patients ingesting 1000 or fewer calories per day could be at high risk because this intake may not supply most nutrients in adequate amounts without supplementation.<sup>5</sup>

## Berocca Plus

A balanced formula for prophylactic or therapeutic nutritional supplementation.

Berocca Plus Tablets provide: therapeutic levels of ascorbic acid and B-complex vitamins; supplemental levels of biotin, vitamins A and E, and five important minerals (iron, chromium, manganese, copper and zinc); plus magnesium. Berocca Plus is not intended for the treatment of specific vitamin and/or mineral deficiencies.

## Berocca Plus, highly acceptable to

patients, has virtually no odor or aftertaste and is economical. And its "Rx only" status means more physician involvement, better patient compliance.

**References:** 1. Shaw S, Lieber CS: Nutrition and alcoholism, chap. 40, in *Modern Nutrition in Health and Disease*, edited by Goodhart RS, Shils ME. Philadelphia, Lea & Febiger, 1980, pp. 1220, 1237. 2. Watkin DM: Nutrition for the aging and the aged, chap. 28, in *Modern Nutrition in Health and Disease*, op. cit., p. 781. 3. Shils ME, Randall HT: Diet and nutrition in the care of the surgical patient, chap. 36, in *Modern Nutrition in Health and Disease*, op. cit., pp. 1084, 1089, 1114. 4. Dixon RE: *Ann Intern Med* 89 (Part 2): 749-753, Nov 1978. 5. Committee on Dietary Allowances, National Research Council: Recommended Dietary Allowances, ed 9. Washington, National Academy of Sciences, 1980, p. 13.



minerals, but generally at levels substantially higher than those in Berocca Plus. However, allergic and idiosyncratic reactions are possible at lower levels. Iron, even at the usual recommended levels, has been associated with gastrointestinal intolerance in some patients.

**Dosage and Administration:** Usual adult dosage: one tablet daily. Not recommended for children. Available on prescription only.

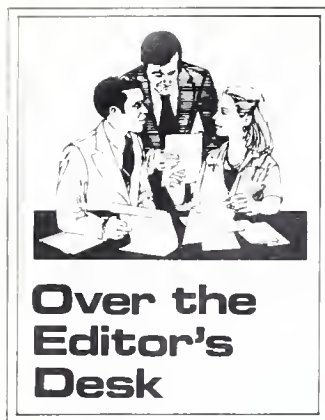
**How Supplied:** Golden yellow, capsule-shaped tablets—bottles of 100.

ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

# candidates for

Rx ONLY **Berocca<sup>®</sup> Plus** TABLETS

THE MULTIVITAMIN/MINERAL FORMULATION



HARRY L. ARNOLD, JR. M.D.

For a brochure describing the new 3M Steri-Vac line of compact sterilization equipment, write to 3M, Box 33600, St. Paul, Minn. 55133.

\* \* \*

For cecutient (there's a new word for you — it means "partially sighted") patients, write to Technical Products Division, Medical Optics, Corning Glass Works, MP 212, Corning, N.Y. 14831, and ask about their new CPF<sup>TM</sup>550 lenses.

\* \* \*

FDA has approved (see, they're not asleep there) an adhesive transdermal nitroglycerine bandage product for alleviation of angina pectoris. Write to Key Pharmaceuticals and ask about Nitro-Dur. The address is 18425 NW 2d Ave., Suite 400, Miami, Fla. 33169.

\* \* \*

If you've been restricting your use of cefotaxime sodium (Claforan, Hoechst-Roussel to the FDA-approved indications) for fear of being sued for malpractice, relax. FDA has now approved it for perisurgical use, serious pelvic infections, gonorrhea and penicillin-resistant gonorrhea (though doxycycline is probably near the top of the list of second choices, now), bone and joint infections, and peritonitis.

\* \* \*

Hewlett-Packard announces a new non-invasive monitor for continuous recording of ambient oxygen and pO<sub>2</sub> values in newborns ("neonates" to readers under 35). The HP 78850A Monitor is \$4,825, the pO<sub>2</sub> electrode \$1,115, and the O<sub>2</sub> electrode \$420. Write to Hewlett-Packard Inquiries Manager, 175 Wyman Street, Waltham, Mass. 02254.

\* \* \*

If a young male homosexual, up to 45 or so, shows you some odd new pink or brownish spots or plaques on his legs or arms, don't temporize or try topical therapy — BIOPSY one of them immediately. You may be seeing the new variant of Kaposi's angiosarcoma, with its horrifying near-50% mortality.

\* \* \*

Emergency room physicians take note: Ackrad Laboratories' new Irrijet wound-irrigating system is available for irrigat-

ing wounds under controlled pressure. Write William Stevens, Ackrad Laboratories, Professional Service Dept., 632 South Avenue, Garwood, N.J. 07027.

\* \* \*

The new 3M Scott applicator kit for spacing and positioning I-125 seeds in prostatic or other tumors is announced by 3M. Write to Department ME81-37, Box 33600, St. Paul, Minn. 55133. It's \$865.

\* \* \*

Criteria for determination of both cardio-respiratory death and brain death have been updated for the first time since 1968, and were published in the November 13 issue of JAMA.

\* \* \*

After nearly 6 years of hospital tests, the FDA has approved, with all deliberated speed, Upjohn's Prostin (prostaglandin E<sub>1</sub>), which dilates blood vessels, prevents clumping of platelets, and can be used to "buy time" for newborns in need of open heart surgery, by keeping the ductus arteriosus open until optimum physical status can be achieved for the operation.

\* \* \*

Do you get seasick? Just put on an Acuband, a simple wrist band with a button which presses against your "Shiatsu" or "nai kan" point, 3 fingerwidths above your wrist crease. It may relieve nausea due to a variety of other causes, as well, including morning sickness. Get it, for \$9.95 a pair, from Medquip, Box 794, Metuchen, N.J. 08840.

\* \* \*

The American College of Chest Physicians sponsors a 5-day CME program, the National Board Review Course in Pulmonary Medicine, at the Palmer House, Chicago, June 21-25, 1982. Tuition for members is \$350, for non-members \$400. Write to Dale E. Braddy, Director of Education of ACCP, 911 Busse Highway, Park Ridge, Ill. 60068.

\* \* \*

Dr. Robert P. Nirschl is putting on sports and tennis medicine symposia in Hilton Head, S.C. May 17-24, 1982, and in New Braunfels, Texas, November 7-12, 1982. Write to him at 3801 Fairfax Drive, Suite 60, Arlington, Va. 22203.

\* \* \*

Dissatisfied with the way you're mounting your ECGs? Write to Moore Business Forms, 1205 Milwaukee Ave., Glenview, Ill. 60025. They have various mount forms.

\* \* \*

Abbott now offers 20% Lipsosyn fat emulsion for intravenous parenteral feeding. A 10% preparation is also available.

\* \* \*

Kidney disease can be caused by analgesics containing aspirin and acetaminophen, according to a report by Douglas R. Wilson

at the University of Toronto; aspirin and phenacetin are suspect too. Canada has halved its incidence of such renal lesions since banning these combinations in 1972. Are we asleep south of the border?

\* \* \*

George D. Lundberg, M.D., chairman of pathology at UC Davis, has succeeded William R. Barclay as editor of JAMA. Dr. Barclay has ably edited JAMA for the past 5 years.

\* \* \*

*Sexual Problems in Medical Practice*, a 400-page book in hard covers, is available from AMA Order Dept., OP-120, Box 821, Monroe, Wis. 53566 for \$24 (\$12 to medical students). Topics range from "How to Take a Sexual History" to "Legal Issues." Medical students are asked to identify their school.

\* \* \*

Lilly announces the availability of Moxam (moxalactam disodium), a member of a new generation of beta-lactam antibiotics, active against a wide range of Gram-negative organisms and a few Gram-positive ones. It's given by injection. Almost never inducing renal damage, its main (and infrequent) adverse effect is phlebitis at the infusion site.

\* \* \*

*Prognosis in hepatitis B virus infections is easier and better with Abbott's new enzyme immunoassay test, called ABBOTT-HBeEIA. It detects hepatitis Be antigen, or antibody to it, measures infectivity, and helps predict the course of the disease.*

\* \* \*

Full-time clinical and basic science teachers and administrators at U.S. schools may apply up to March 1, 1982, for admission to 4- and 5-week seminars dealing with ethics and public health care policy held on various campuses during June and July. Tuition is free and stipends of about \$315 a week are paid to those attending. Write to National Endowment for the Humanities, Professions Program, Division of Fellowships & Seminars, Washington, D.C. 20506. Subjects of the seminars are available in the HMA office.

\* \* \*

*The Lifecare 5100 Bedside Monitor, a microprocessor-based ICU/CCU bedside monitor, is announced by Abbott Laboratories.*

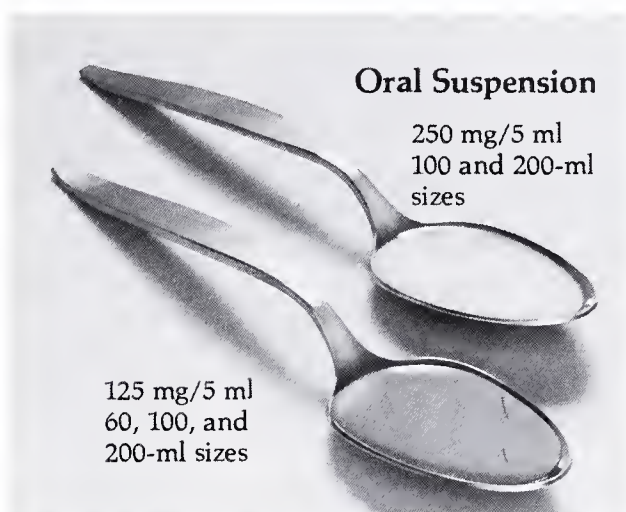
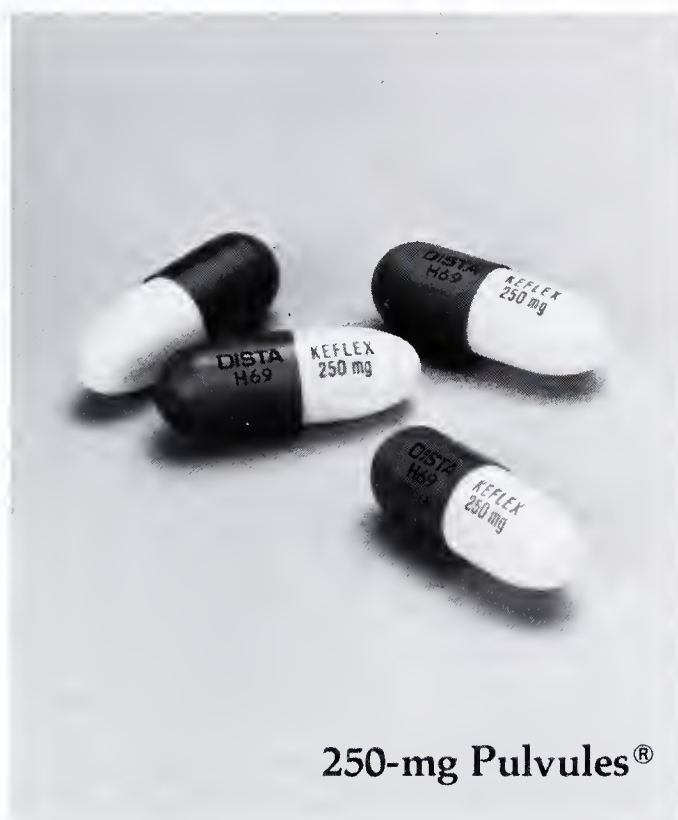
\* \* \*

The inheritance of acquired immune tolerance by mice, announced over a year ago by an Australian, Edward Steele, has not been confirmed, and an editor of "Nature" has suggested that it is too soon for rehabilitation of Lamarck. If Gorczynski's results with skin grafts in Toronto are confirmed, however, it will give a lift to the work.

\* \* \*



# easy to take



**Keflex®**  
**cephalexin**

Additional information available  
to the profession on request.



**Dista Products Company**  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46285  
Mfd. by Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630



## President's Message

There are still physicians practicing in Hawaii who do not belong to their county societies or HMA. As we all know, there are many reasons given for not belonging. Ideally, all physicians should be members so that we can better represent the medical profession of this state. Specialty societies are necessary and important organizations, but they should not be a substitute for the HMA. We are all physicians first, and we must be willing to work for the overall good of the medical profession and the medical care in our community, regardless of specialty.

With a broader membership and consequently financial base, we will be better able to accomplish our goals. Although the dues may seem high, we must consider that on a relative scale with other professional or worker organizational dues, it is not that high. Also, paying by installments during the year should aid those who cannot manage a lump sum payment.

We ask each of you to give the enclosed membership application to a physician who is not now a member, and encourage him or her to join us.

ANN B. CATTS, M.D.  
President



November 6, 1981

### PRESENT:

Drs. Ann Catts, Calvin Kam, K.Y. Lum, Neal Winn, Herbert Chinn, William Iaconetti, Eugene Wasson, Philip Hellreich, Stephen Wallach, Henry Fong, Nadine Bruce, Bernard Fong, E. Lee Simmons, Arch Wigle, Russell Stodd, Kenneth Grant, Alan Hawk, George Goto, Donald Char, Charlotte Florine, Douglas Ostman, Bernard Scherman, Mr. V. Thomas Rice, and Mrs. Gwen Fu. Staff present were: Messrs. Won, Jones, and Ajifu; Mmes Kendro, Chang, and Asato.

### CALL TO ORDER:

The meeting was called to order by President Ann Catts, at 5:30 p.m.

### MINUTES:

The minutes of the September 4, 1981 meeting were approved as circulated.

### INTRODUCTION:

Dr. Catts opened this first meeting of the HMA Council for 1981-82 and the new members were introduced and welcomed to the Council. The Council meetings are to start promptly at 5:30 p.m. and it would be appreciated if a quorum, which is 13 members, would plan to be in attendance so the meeting may open on time. Also when the notice of the meeting is received please respond to the HMA office whether you do plan to attend or not to assist the staff so staff does not have to call the members as an accurate count is needed for ordering dinner as well as assurance of a quorum.

### SCHEDULE OF 1982 COUNCIL MEETINGS:

A schedule of the meetings of the HMA Council for the coming year was mailed with the notices for this meeting. If there are to be any changes in the dates listed, members will be notified as early as possible.

### REPORT OF THE SECRETARY:

The Report of the Secretary as of October 1981 was reviewed by Council. Total membership showed 1,090, of which 738 are active full pay members, compared to a membership total of 920 for the same period in 1980.

### REPORT OF THE TREASURER:

The September 30, 1981, financial statement was carefully reviewed and detail and filed subject to audit.

The 1982 Budget, as amended and adopted by the House of Delegates on October 1, 1981, was presented to Council for information and for reference as needed by members during the coming year.

Dues Incentive Program: A listing of members that recruited new members, and the names of the recruited members, was presented. A discussion was held on the amount that will be applied as a dues credit when a dues-paying member recruits a new member; for a full-pay member, \$100; for a 1st year

member, \$50%; and for a dues-waived or transfer member, no dues credit. The Council also discussed whether the Dues Incentive Program should be continued.

### ACTION:

**It was moved, seconded, and passed that HMA should continue the Dues Incentive Program during 1982.**

### AUXILIARY REPORT:

Mrs. Gwen Fu reported on the success of the HMA Annual Dinner and the colorful booths and games that lent such a festive air to the occasion. Mrs. Fu also remarked on the success of the Honolulu County Auxiliary program, "Cross Cultural Caring" that was held on November 5th at the Ala Moana Hotel. She also thanked all those who had given of their time and effort. The names of the Auxiliary members that will be responding to an invitation to sit on some of the HMA Committees will be forthcoming.

### CANCER PROJECT UPDATE:

Dr. Thomas Hall informed the Council that the HMA and the Cancer Committee have submitted materials for a grant to set up more oncology groups. This would be a cooperative group from the Pacific basin, which would include 7 hospitals that are not associated with any other groups on the mainland. Letters of support have been received from all of the hospitals that would be involved in this group. The Cancer Committee also submitted a grant request to provide therapy for patients in early stage of colon/rectal cancer. This has now passed NCI through 2 stages and is in contention. More information on these cancer projects will be forthcoming as it is received.

### STANDARDS OF MEDICAL PRACTICE:

Dr. Catts read a proposed press release from HMA concerning review of physicians who are not conforming to ethical or legal standards of medical practice. The release also indicated that HMA would not condone the use of harassment or entrapment by any agency to obtain evidence. After discussion of the press release as written it was felt this matter should be referred to the HMA Media Response Committee for further study.

### ACTION:

**It was moved, seconded, and passed that the matter of physicians conforming to ethical or legal medical practice standards should be referred to the HMA Media Response Committee.**

### MIEC UPDATE:

Mr. Jon Won reported at this time there have been 37 applications approved and 2 are pending. There are also at least a dozen more from non-members. Some physicians that were not members did become members when they applied for MIEC. Kauai and Hawaii County Societies said they would like to assume the peer review for the applications they receive with a fee of \$450 for review for non-members. West Hawaii County Society voted not to do the peer review.

### A&T, INC.:

Mr. Won also reported on A&T, Inc. The A&T, Inc. financial statement shows sales of \$34,000 for October, September sales were \$42,600. An additional man was hired and they will be hiring a graphics man. Sales of \$45,000 are expected for the coming month and this is the amount needed to make the budget balanced. A&T, Inc. is doing very well and expectations look very good.

### REPORTS ON COMMITTEES AND COMMISSIONS

*A. Interprofessional and Public Affairs*

*Publications:* Dr. Florine reviewed the activities of the Publications Committee including a



letter from Dr. Jasinski, Chairman, with recommendations concerning subscription rates for non-members and students/residents. A subcommittee has been formed to begin planning a 1982 directory of physicians. HMA's Research Bureau will receive a grant from the McNerny Foundation for publication of the 25 year cumulative index in the October 1981 Journal.

**ACTION:**

**It was moved, seconded, and passed, to approve the recommendations from the Publications Committee. The Recommendations were: That the non-member subscription rate be raised to \$15.00 per year; that the HMA invite those in training locally to subscribe to the Journal at a discounted rate of \$5.00 per year, an announcement of this offer to be made to the UH Medical School to encourage participation; this program be evaluated in one year, and that attempts be made to cover the actual cost of this program through promotional efforts with pharmaceutical and other health related companies.**

**Public Affairs Committee:** Project Director Ruth Stepulis, of the Hawaii Health Fair '82, requested endorsement of the Fair from HMA. Last year HMA did endorse HI Health Fair '81; however, the Council raised questions whether endorsement should be approved this year. The main concern was insufficient information for the reasons the Hospital Association determined not to endorse the Fair this year. The Public Affairs Committee has scheduled a meeting with the Hospital Association to discuss the problems involved.

**ACTION:**

**It was moved, seconded, and passed to postpone any action on Hawaii Health Fair '82 until the next Council meeting when more pertinent information will be available.**

**B. EMS:** Dr. Douglas Ostman reported that a new Project Director, Dr. Robert Sitkin, had been hired effective December 1, 1981. The EMS Executive Board also reviewed the guidelines for the Project Director and for the EMS Board. These guidelines were presented to this Council for approval. The operations guidelines were also submitted to this Council for approval. Members of the Council expressed concern over not having had final approval of the Project Director according to the old guidelines; and the fact that the new Project Director is not a member of HMA. There is no stipulation under either the old or new guidelines that the EMS Project Director must be a member of HMA. The following actions were taken:

**ACTION:**

**It was moved, seconded and passed that a stipulation be added to the guidelines that the Project Director must be a member of HMA.**

**ACTION:**

**A motion was made, and seconded to postpone or defer action to next Council meeting on accepting the new Project Director until the new guidelines have been acted on. This motion did not pass.**

**ACTION:**

**It was moved, seconded, and passed to approve the new guidelines as amended for the EMS Project Director.**

**ACTION:**

**It was moved, seconded, and passed to accept the new Project Director under the new guidelines.**

Dr. Sitkin plans to become a member of

HMA as soon as possible. It was decided to postpone review of the operational guidelines and bring them back to the next Council meeting for review and/or approval.

**REPORTS OF COUNTY SOCIETY PRESIDENTS**

**A. Honolulu:** Dr. Henry Fong reported that the October 6th HCMS Membership meeting was the official visit of the HMA President. The Capital Fund was discussed at this meeting and the first reading of the completed revision of bylaws amendments. The HCMS Annual Meeting and Banquet will be held November 28, 1981 at the Prince Kuhio Hotel, at which time there will be installation of the new officers for the coming year; awards will be presented to the Tennis Tournament and Golf Tournament winners. The Annual Reports and the revised bylaws will be acted on for approval. Following dinner there will be dancing to the music of the Pastels.

**B. Hawaii:** Dr. Arch Wigle reported that Hawaii County Medical Society met and recognized the fact that the West Hawaii County Society had been approved as a component society; and another item was the scholarship fund that had been at \$20,000 and keeps dwindling away as people continue to borrow and not pay back and a decision will have to be made on what to do about this problem.

**C. Maui:** Dr. Eugene Wasson stated that at their last meeting Mr. Jon Won, Executive Director, HMA, was present to discuss and inform the members about MIEC. Also Mr. Jim Krueger, attorney, discussed medical negligence insurance at their October meeting.

**D. West Hawaii:** Dr. Kenneth Grant, Councilor, was present to discuss the very large problem at Kona Hospital because of the extreme shortage of nurses. Due to this shortage, a number of changes have had to take place, including closing of sections of the hospital and the closing 10 beds on the Medical/Surgical Ward. It has been difficult to recruit nurses because they have not been able to meet competitive wages, and, although Kona is a desirable location, it is an expensive place to live. A lot of correspondence has been sent to the DOH and to the Governor, but they have not had any results. It is necessary to have more and better funding from the State. Kona would welcome any suggestions or support that HMA may have. It is a critical problem and needs some resolution as soon as possible to avoid becoming detrimental to patient care.

**ACTION:**

**It was moved, seconded, and passed that HMA write a letter to the Governor to encourage him to do everything possible on an emergency basis to get Kona Hospital on a full running basis again and also HMA would be happy to meet with him on this problem.**

**ACTION:**

**It was moved, seconded, and passed that this problem also be presented to the HMA Legislative Committee to determine whether consideration should be given to introducing legislation for review of the hospital owned system.**

**OTHER BUSINESS**

**A. Hawaii Medical Library:** The U of H has presented a proposal to take over the Library and be the collector. HCMS is the owner and collector and has been for over 19 years. The Library is located on Queen's ground and Queen's is adverse to having the UH run the library on Queen's ground. The main problem is a financial one. The University is not contributing the amount of money proportionate to their usage. Funding must be found if the

Library is to continue operating and maintaining their books and journal subscriptions. A decision needs to be made whether HMA would be in favor of having the University take over the Library.

**ACTION:**

**It was moved, seconded, and passed that HMA is not in favor of the University of Hawaii taking over the Hawaii Medical Library.**

**B. Project on Ethics in Health Care:** Dr. Catts received a letter from Dr. Kenneth Kipnis, UH Professor of Philosophy and Ethics, requesting support from HMA on a proposal for a project on Ethics in Health Care. Also outlined in his proposal, Dr. Kipnis would like to plan a public presentation based on the results of the residency period of this project at the 1982 HMA Annual Meeting. HMA would not be funding this project.

**ACTION:**

**It was moved, seconded, and passed that HMA supports the project on Ethics in Health Care as proposed by Dr. Kenneth Kipnis.**

**C. ASIM White Paper — Reimbursement for Physicians' Cognitive and Procedural Services:** This had been presented to the 1981 House of Delegates as a Resolution and the House of Delegates referred it to the President of HMA for assignment to the appropriate committee. It was then referred to the Fee Survey Committee for further study.

The Council agreed with this referral but felt that the Fee Survey Committee should be restructured to insure a balance of all specialties.

**D. DSSH Form:** All physicians have been receiving this form from DSSH regarding patients covered by Medicare/Medicaid. Legal Council is researching the Hawaii State Statutes for any rules or regulations governing this. It would seem that physicians will only sign this form if they plan to accept a patient that is paid for by federal funds. A physician must have a valid acceptable cause and not a prejudice to deny accepting such a patient. The Council felt that more information was needed to clarify this matter.

**ACTION:**

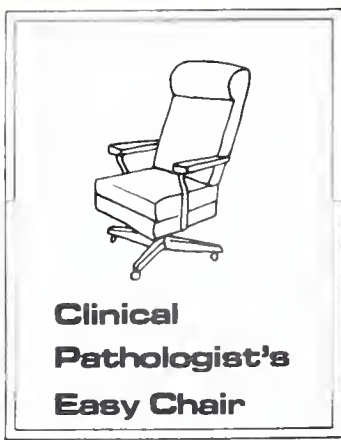
**It was moved, seconded, and passed that, after more information has been received from Legal Counsel, an explanatory letter be sent to the membership.**

**E. Pronouncement of Death:** The City and County of Honolulu has only two physicians to go when called to make a pronouncement of death. They have been getting more calls than they can handle and feel that if a patient has a private physician, that physician should be the one to be called. There is a question about whether MICTs should be allowed, with direct communication with a physician, to make this pronouncement of death. The physicians feel that somehow an allowance should be made to be able to move a body to an accessible location to facilitate the physician making pronouncement. As it is understood at this time, a body cannot be moved until pronounced dead and only a physician licensed in Hawaii can make the pronouncement. There have been some meetings with the City and County physician and the Medical Examiner to resolve this problem. Also letters have been sent to the membership asking physicians if they are willing to go when called, what areas they would cover, and what hours or days. A listing will be made when the responses have been received. This subject will be discussed again at Council Meeting.

**ADJOURNMENT:**

The meeting adjourned at 8:20 p.m.





FRANCIS FURUNAGA, M.D.

## Immunoglobulins

The immunoglobulins occupy the broad gamma globulin region on routine zone electrophoresis. IgG is the major component and is distributed over the entire gamma globulin band. IgA migrates in the beta-gamma trough, and IgM is between IgA and IgG. It is difficult to determine with certainty which immunoglobulin is increased by routine zone electrophoresis. These three immunoglobulins are usually quantitated by radial immunodiffusion (RID) and the other two immunoglobulins (IgD and IgE) are not routinely measured. Quantitation of the immunoglobulins is meaningless unless accompanied by electrophoretic studies.

Immunoelectrophoresis (IEP) has played a very important role in exposing the complexity of the serum proteins, including the immunoglobulins. IEP takes advantages of gel (zone) electrophoresis to separate the 5 major serum protein fractions. Antiserum is then placed into troughs parallel to the line of electrophoresis. The individual protein components and the antiserum migrate towards each other and form precipitin lines that are characteristic for each reaction.

The immunoglobulins show electrophoretic heterogeneity, with IgA and IgM in the beta-gamma region and most of the IgG in the gamma region. Antisera can be made against all or a specific immunoglobulin. The positions of the precipitin bands are relatively stable and the shapes are consistent. Any deviation in shape or position is due to an abnormal increase of the immunoglobulin. This immunoglobulin distortion is often not seen on routine electrophoresis and even if recognized, the specific immunoglobulin cannot be identified. IEP is done mainly to identify the abnormal immunoglobulin detected by routine electrophoresis.

Each immunoglobulin molecule consists of 2 identical heavy (H) chains and 2 identical light (L) chains linked together by disulfide bonds. There are 5 heavy chain classes that correspond to the 5 immunoglobulins: gamma, alpha, mu, delta and epsilon, and 2 light chain classes: lambda and kappa. IgG makes up about 75 to 80% of the total immunoglobulins; it is the only one that can normally cross the maternal-placental barrier and is the last immunoglobulin formed after anti-

genic stimulation. Most of the bacterial, viral and toxin type antibodies are in this group.

The serum IgG concentration is 800 to 1680 mg per dl. IgA makes up 10 to 15% of the immunoglobulins, with a serum concentration of 140 to 420 mg per dl. IgA has important antimicrobial activity, does not fix complement and is the main immunoglobulin found in saliva, tears, and gastrointestinal secretions. It is synthesized in the lamina propria of the gastrointestinal tract. IgM makes up about 7% of the total immunoglobulins, 50 to 90 mg per dl, and is the first immunoglobulin to appear following antigenic stimulation. It has antibody activity to Gram-negative bacteria somatic antigens, rheumatoid factor and cold agglutinins. It is elevated in cord blood with congenital infections such as rubella, toxoplasmosis, cytomegalovirus infection and syphilis. The concentration of IgD is less than 1% of the total immunoglobulins and has a mean concentration of 0.03 mg per dl. It does not bind complement but has antibody activity. IgE is present in relatively minute amounts, and levels over 500 nanograms per ml by RIA are considered elevated.

In polyclonal gammopathies, there is an increase of the IgG, IgA, and IgM. The causes include: (1) infections such as tuberculosis, deep mycoses, subacute bacterial endocarditis, cytomegaloviral disease and chronic hepatitis; (2) autoimmune diseases such as lupus erythematosus and rheumatoid arthritis, and (3) miscellaneous diseases including cirrhosis and various malignancies such as leukemias and carcinoma of the lung.

Hypogammaglobulinemia may be due to decreased production, increased catabolism, or to a protein-losing state. Synovial fluid may show immunoglobulin abnormalities that may not be detected in serum. Synovial IgG levels may be markedly increased in rheumatoid arthritis, while the serum levels are normal.

Monoclonal gammopathies include multiple myeloma, Waldenstrom's macroglobulinemia and heavy chain disease. The class of immunoglobulin can be detected only by IEP. Light chain disease may or may not show a monoclonal peak and the only indication may be an apparent hypogammaglobulinemic state. It can be detected by examination of the urine in many cases.

Urine normally shows IgG and IgA but increased amounts are seen with glomerular disease and as Bence-Jones protein in multiple myeloma. Renal tubular disease in metal or drug poisoning and Fanconi's Syndrome may cause an increase of urine IgG and IgA. In severe renal disease, IgM may also be excreted. About three-fourths of the myeloma patients excrete free monoclonal light chains and 25% have only the Bence-Jones protein in urine and no serum monoclonal peak. Polyclonal light chains due to catabolism of polyclonal serum

immunoglobulins are seen in normal urine and they increase in autoimmune diseases such as lupus erythematosus and rheumatoid arthritis.



## Community Health Projects

Guest Day is the major community service/education event the Auxiliary puts on each year. However, many other short-term community projects would reflect favorably on the Auxiliary and our physicians. Volunteers, with strong feelings about health-related services, please speak up and join our committee.

Possible goals for this year's work:

(1) Compile, print, and distribute a bibliography of useful books, articles, pamphlets, A-V materials, resource agencies, etc., on our Guest Day topic, Cross Cultural Caring, to primary care physicians by May 1982. We will need some researchers, compilers, and distributors, 1-2 days per person per month for 2 to 3 months. (Think of it, so little time to help provide such a useful service!)

(2) Participate in High Blood Pressure Month activities in conjunction with other agencies, perhaps manning a booth at a shopping center to screen blood pressures.

(3) Act as a liaison between the Family Health Learning Center and the Auxiliary and the HCMS.

(4) Continue participation in the KAR project. We need at least one Auxiliary member to keep us abreast of the progress of this great project.

(5) Research future community health projects, keeping in mind the nature of our membership, the needs of the community, and the desire to unify our Auxiliary's committees to maximize our effectiveness in the community.

(6) Get public service announcements on the air, regarding health topics and events.

(7) Participate in poison prevention and organ donation programs, the latter in conjunction with the legislative committee.

While there are many agencies dealing with health subjects separately, we are in a unique position to tie them together for the community. Emily Callan, chairman, would like to see this evolve into a loose committee of 15 to 30 people (i.e., not a lot of meetings). These are basically "at



your leisure" jobs, and something you might tie in with your current activities. If you share an interest in any of these goals and have a few hours to volunteer give a call to Emily Callan, chairman, 373-2992.

## Behind the Scene

Not getting your Auxiliary mail? Moving and want your address changed? Want to get out a flyer and don't know how to go about it? Need help understanding the procedure for a bulk mailing? Take heart . . . help is close at hand! Her name is Irene Kodani and she is our Auxiliary secretary. One of her most time consuming jobs is keeping the membership files up to date and sending in our dues to the National Auxiliary, thus relieving our members of many hours of tedious work. Irene has been our guardian angel since 1978. Then, after much discussion and the approval of the HMA, the HMAA members voted at their annual convention to dip into their savings and hire a part-time secretary on a trial basis for a year. A selection committee interviewed several qualified applicants, after running the smallest possible ad in the newspapers, and Irene was selected — a choice we have never regretted. Honolulu County Auxiliary has shared her services and budgeted to provide a portion of her salary for the past 2 years. Thanks to Irene's efficiency and sunny disposition, there is a vast improvement in the morale of sometimes overextended board members.

Irene was born in Honolulu and is married to attorney Roy Kodani. The Kodanis are parents of 2 charming daughters, Candace, 7, and Regina, 10. After leaving the office and picking up the girls at Punahou, Irene becomes a full-time wife and mother. She is a talented seamstress and likes to work with ceramics when time allows. Traveling to see the world whenever there is an opportunity is high on her list of favorite things to do.

Irene works for the Auxiliary on Tuesday and Thursday mornings in our own Auxiliary office on the same floor as the HMA office. She will be happy to hear from you and help with all Auxiliary-related questions and problems. For the past several months, Irene has been working on Mondays, Wednesdays, and Fridays in the HMA office for the Community Cancer Program.

Remember — phone 536-7702 on Tuesday and Thursday mornings, or even better, drop in and get acquainted at our office at 320 Ward Ave., Second Floor.

## CLASSIFIED NOTICES

Call 521-0021 to place a classified ad.

Kailua Professional Bldg. II  
Now leasing general medical space.  
Located in Windward Oahu  
Call 262-4792 or 262-8107 wkdays.

## Reduce Your \$tress



In addition, we handle all conversion details from any present system.

Talk to Marlene Wong at 523-2171.



## Bishop Computer Center

Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813

## INFLATION FIGHTER

Compare . . . we offer more for your premium dollar.

### Annual Renewable Term Rates\* to age 100

AGE	\$100,000	\$250,000	\$500,000	\$1,000,000
30	120.00	240.00	440.00	840.00
35	120.00	240.00	440.00	840.00
40	135.00	278.00	515.00	990.00
45	165.00	353.00	665.00	1,290.00
50	215.00	478.00	915.00	1,790.00
65	870.00	2,115.00	4,190.00	8,340.00

\* Policy Fee Included, Based on non-smoking applicant (Smokers slightly higher)

There is a 6 year age set-back for females.

- A and A+ Best rated companies
- Group plans for 1 or more
- Computerized illustrations available

Full information is available  
through the qualified life  
insurance underwriter of your choice —  
He know our reputation . . . or call

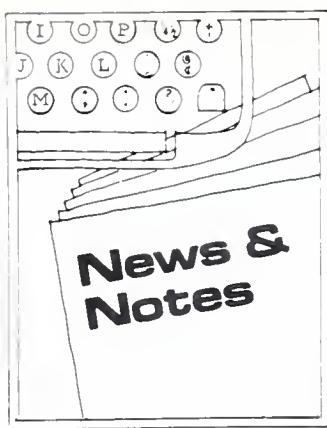
## South Pacific Insurance



Agency  
524-0000

Dietmar G. Poelzing, General Agent  
1136 Union Mall, Suite 601, Honolulu, HI 96813

EXCELLENT UNDERWRITING • UNBEATABLE RATES



HENRY N. YOKOYAMA, M.D.

## Doctors in Print

We are happy to announce that HLA<sup>2</sup> (Harry Arnold Jr) our indefatigable man for all seasons, and Editor-in-Chief of this Journal has done it at last! HLA<sup>2</sup> has been working feverishly since Feb 1979 on the revision of "Andrew's Diseases of the Skin — Clinical Dermatology" 7th Edition Saunders 1982 (Last edition was 1970) . . . Co-authors include Anthony M Domonkos, M.D., F.A.C.P., and Richard B Odom M.D., F.A.C.P. . . .

Gary Glober and Grant Stemmerman are co-authors of Chap 19, "Hawaii ethnic groups", pages 319-333, of "Western Diseases: their emergence and prevention," Edited by H.C. Trowell O.B.E. and D.P. Burkitt C.M.G. Harvard Press 1981 . . .

## Life in These Parts . . .

Every local hospital has its share of ghostly happenings which scare the nurses and staff members out of their wits . . . KMC has had elevators rattled by unseen forces, deceased patients still roaming the corridors, and even a patient who, after being transported to the morgue, continued to sit in his favorite chair so that the newly admitted patient refused to enter the room . . . Kuakini Medical Center V.P. Ron Oba has been involved in some of the exorcism rites with Kahuna Rev. Mornnah Simeona. Ron kindly sent us the following simple prayer which is quite effective for minor exorcisms . . . "Divine Creator, Father, Mother and Son as one . . . I wish to do Ho'oponopono between myself, and them . . . Sever and cut . . . Transmute all negativeness into pure light . . . And so it is done . . ." Perhaps, the next time you feel a strange presence, it may be worth trying . . . Ron also has the words for a mere profound prayer, but recommends getting a Kahuna for more serious events . . .

J. Judson McNamara, who directed the Hawaii study for the National Heart, Lung and Blood Institute on propranolol said, "For the first time in the 15 years of studies on the effect of various drugs on heart attack victims, this one showed significant results." Eighty Hawaii residents participated. Nationally, 1,916 in the control group were given placebos, while 1,921 in the experimental group were given propranolol. Over a 3-year period, 183 in the control group died, while only 135 in the experimental group died; thus the mortality in the experimental group was 26% less . . . Judson says, "All the people who have heart attacks will be treated with the drug for at least a year, if they can tolerate it . . . The study showed that most of the benefits were in the first year . . . We don't know if there's any benefit if given some time after the heart attack . . . We don't know how long to keep the therapy up . . . Should we give it for life? That answer is unknown . . ."

The Public Health Services clinic at 592 Ala

Moana, one of 27 such U.S.-operated health facilities, fell victim to federal budget cuts. Patient visits had totaled 30,000 last year . . . the hardest hit will be merchant seamen who are not eligible for care at military clinics. Coast Guard personnel, and active duty and retired military and their families can go to Tripler or other military clinics . . .

Microsurgeon Edward Lipp, who successfully reattached a severed hand at Castle Hospital in September, feels that Castle Hospital surgeons and staff can handle most traumatic injuries and illnesses that fate throws their way . . . But he isn't sure the Windward residents feel the same way . . . "Some people view Castle as a great place to treat a sprained ankle or an ingrown toenail, but a lot of people were flabbergasted that a hand could be reattached here . . . We are taken for granted as a rural institution."

"Big Isle doctor boom leads to nurse woes" . . . Kona Hospital had to shut down 33 of its 75 beds because of a severe RN shortage. Hilo Hospital has too many patients, and the 256-bed facility has been threatened by a union walkout because its licensed practical nurses are being overtaxed. Deputy state health director Henry Thompson feels that the rapid increase of doctors both in Hilo and Kona has led to this crisis, rather than the 45% population growth. The number of doctors in Kona has increased from 6 to 32 over the last 7 years, and, in Hilo, from 36 to 80, including 22 more surgeons. "There are too many damn doctors," says Henry . . .

Clarence Baugh, Kaiser Medical Center surgeon, has a labor of love . . . carving wood for Waikeola Church. It all started 10 years ago when church members prevailed upon him to build a new communion table. From the communion table, his talents led him to creating panels depicting the Creation, Jesus, the Virgin Mary holding the infant Jesus, Moses smashing the 10 commandments, etc . . . He is now working on altar panels for the Waikiki Episcopal Chapel, already a year in the making . . .

## Professional Moves . . .

The species, *Homo sapiens medicus* has apparently started its winter hibernation early because we saw only 6 announcements of moves for November . . . Nuclear med man Richard Wasnich has opened a 2nd office at The Professional Plaza of the Pacific, Suite 203; internist Roger H.W. Wong opened his office at 3703 Wai'alae Ave; internist Lincoln Kalani Kobayashi opened his office at Queen's Physicians' Office Bldg, Suite 510; psychiatrist Harry K. Davis and cardiologist Stephen Kliman joined The Honolulu Medical Group, Inc; and allergist, immunologist John McDonnell opened his office at Kaneohe Business & Professional Center, Suite 306.

## Elected, Appointed & Honored

We congratulate capable and attractive Ann Cafis, associate pathologist at QMC, who was installed as the HMA's first woman president . . . Other officers are Calvin Kam, president-elect; William Hindle, treasurer; Herbert Chinn, AMA delegate, and councilors: Russell Stodd, Maui; Arch Wigle, Hawaii; Kenneth Grant, West Hawaii; and Henry Fong, Philip Hellreich, James Lumeng and Stephen Wallach, Oahu. Richard Lundborg, a Big Island anesthesiologist, was named Physician of the Year by the HMA at its 125th Anniversary banquet. Richard was honored for his efforts in public education and community fundrais-

ing, plus the founding of the Hawaii County Emergency Health Services Committee . . .

The United Chinese Society selected HQ Pang as Model Father of the Year for the Chinese community. H.Q. is father of 6 and grandfather of 13, and is co-founder of the Chock-Pang Clinic. He has been president of the Honolulu Medical Society and the Lung Doo Society. He also is a member of the board of Iolani School and the Sun Yat Sen and Hoo Cho Chinese Schools.

Richard Smith, director of the Health Manpower Development Staff at the U of H, John Burns School of Medicine, has been named co-winner of a \$10,000 Rockefeller Public Service Award for devising an innovative health care program for rural and impoverished areas of developing countries. Richard's program, called MEDEX, involves specially trained paramedical personnel, who extend health care services to areas where physicians are unavailable . . . He introduced Medex to Micronesia in 1974 and then to Guyana, Pakistan and Lesotho . . .

Robert Laurie has been named chief of the DOH Family Health Services Division, replacing Allan Oglesby, who has joined the U of H School of Public Health . . . Former Straub surgeon Gilbert Freeman is vice-chairman of the new American Red Cross advisory board of Puhii, Kauai . . . William Montgomery, Straub anesthesiologist, has been appointed chairman of the American Heart Association subcommittee on emergency cardiac care . . .

## Miscellany

Michael, the wild Irishman, had died in an accident after indulging at the local pub . . . At the funeral, the priest extolled the virtues of Michael . . . how he loved his wife. . . how well he provided for his family . . . how God-fearing and what a faithful church-goer he was, etc, etc . . . Michael's grieving wife suddenly turned to her neighbor at the pew and asked curiously: "And just who might he be talking about?" (As told by visiting professor Robert Blount from Colorado)

## Physician Reactions to A.A. Symser's Editorial Commentary on Physicians and the Dying

Robert Wilkinson, pediatric oncologist and assistant professor, wrote: "A.A. Smyser seems to have taken leave of editorial and community responsibility in his article of July 21, typifying physicians as torturers. The article is just poor journalism filled with misquotes, inaccuracies and bad comparisons, i.e., physicians are called pikers compared to Idi Amin and the Shah of Iran. This kind of article belongs in the National Enquirer . . . The real injustice has been done to the patients currently dying of cancer in our community. Smyser has most certainly filled them with unnecessary anguish, doubt and pain as they struggle with their illness. No less than a public apology to them is acceptable."

Mark Kuge, internist, wrote: "A good physician is always aware of his patients' needs and wishes and will never be a 'torturer.' He will do what he must to lengthen life, but not at the expense of lengthen life, but not at the expense of lengthening suffering. He will guide and explain but he will not force his will upon his patients. Even if it is impossible for him to cure, he will not stop caring." (Ed. We thought



Mark made a good point esp. about the physician "not stop caring, even when it is impossible to cure.")

We feel Fred Reppun's comments should be reprinted *in toto* because he alone seems to have understood Bud Smyser's real intent and purpose in causing such furor among physicians:

"As a physician, I cringed a bit when I read the initial blast at us 'torturers' by A.A. Smyser, editor of the editorial page. But then I came to understand his provocative intent and I came to appreciate it. He made a point that was precisely aimed, but in the wrong direction, I think.

"As a physician member of the much maligned profession (of late), I was proud to see Neal Winn's riposte on behalf of our side, although I cringed a bit, again, at its manifest wrath and at its expressions of alleged injury that was focused rather directly at Smyser personally. I felt the Hawaii Medical Association, too, was off target.

"Smyser's reply on the same page was a very diplomatic attempt to turn away wrath, and I commend him for dousing the flames instead of heating up the controversy.

"From a background of a considerable experience, I can point out that it is extremely difficult for us physicians who must and do attend the dying, usually with deep personal empathy. It is difficult for us to withstand the nearly universal and quite American attitude of the public: 'Do something, Doc!' 'Can't you do anything, Doc?' 'Let's rush him to the hospital, Doc; call the ambulance quick!' 'Why don't you sedate him, Doc?' (meaning, 'knock him out so we don't have to see or hear his pain and agony.') 'Get him out of our house, quick' (for the same reason).

"But, keep him alive by all means. Don't they have a CCU, or a CAT Scanner or a Bird Respirator, or an iron lung at your hospital, Doc? Get a specialist right away; get five of them! Do something, Doc' (meaning, 'Or we'll get someone else to do it.')

"The poor patient is most often numb with fear generated by all this family hubbub and pressure; he lies passive and subservient, or responds with emphasis and more pain.

"This typical attitude and reaction to crises of the seriously ill and dying on the part of the public rub onto the nurses and attendants, too. The nurses are fortunate; they can pass the buck to the attending M.D. But, the buck stops there.

"What physician has either the nerve or the power to say them nay? The doctor, generally speaking, never, or almost never abuses the power that is all too often ascribed to him by the public, by persons who most often shun the responsibility for the care of their own relatives, but also for their own welfare. He knows full well that he doesn't have the power over life and death, and that he may influence the course of natural events perhaps only a little.

"He is mostly at the mercy of his patient, and he tries hard to read correctly what is wanted and expected of him.

"If I plead with a family to let the old lady die in peace when her time is nigh, I tremble inwardly lest I am wrong and that she has indeed the power and the will to live longer, if properly aided, or that the family might turn on me and accuse me of being an executioner. The Hippocratic Oath is very explicit on the score of the physician being obligated to do his utmost to save his patient's life.

"I'm glad your paper provoked this discussion. It made the Star-Bulletin come very much alive. I suspect you will be getting an

avalanche of pros and cons, and many alarms fired in all directions. It may sell people to thinking more deeply, about how we — as a society of human beings — look at how we treat our dying members.

"It was, however, unfortunate that it looked like one more accusing barb heaved at a profession whose members are dedicated to the best welfare of their patients/friends.

"I'm not so worried about the image of organized medicine; the Hawaii Medical Association can take it in stride, even though it rarely waxes wrathful as in this instance. We do need to rise to our own defense more, in the public eye, instead of being glued to the eyepiece of the microscope that is focused on each patient one at a time."

J.I. Frederick Reppun, M.D.  
(Ed. Thank goodness for the likes of Fred Reppun who can remain objective in these rather trying times . . .)

## Hors de Combat

From Kokua Line (Honolulu Star Bulletin Oct 16): "Auwe" (A big auwe to Dr. \_\_\_\_\_ of \_\_\_\_\_ Clinic. Your grouchiness and hostility were not appreciated at all, doctor. When we patients ask questions, it's because we don't know and want answers, not sarcasm." (Ed. Time for self reflection . . . Thanks . . .)

J. Judson McNamara, chief of QMC cardiovascular surgical unit had jogged to the Pali lookout and was walking back along Pali highway around 6:30 pm when he was struck by a dark colored van . . . Fortunately, Judson suffered no serious injuries except for a massive hematoma and was confined a few days at QMC. Police are still trying to find the driver of the van who left without rendering aid . . . (Ed. It's probably hearsay, but when the ambulance driver suggested Castle Hospital ER, Joseph insisted on QMC ER . . . because of the trauma service at Q's?)

## Sportsmen . . .

Aphorisms by Jack Scaff, The Marathon Man:

"Give me 3 hours a week — that's all, just 3 hours a week! — and you can eat and drink all you want and still be skinny and be beautiful like me."

"If your urine isn't clear at least once a day, you're dehydrated."

"Sixty percent of the time, the first symptom of heart disease is sudden death."

"There are two rules to live by . . . One is, history never remembers a "yes" man. The other is, history always justifies a war" (commenting on his resignation from the Marathon Association which he founded.)

## Physicians Speak up . . .

"Sunday Story on Sunburn Has Two Skin Doctors Burning . . ." When the Sunday paper carried science writer Lowell Ponte's article from the July issue of Reader's Digest, describing photosensitizing and phototoxic substances which when eaten may cause severe sun burn, Honolulu dermatologists Harry Arnold Jr and Robert Kim felt the article was misleading and in some cases down right wrong . . . Harry says, "There's no practical basis to say that what you eat in the way of foods can hurt you. The rare individual might get more sunburn from ingesting certain foods, but it's extremely unlikely. Skin contact with parsley, celery and the oil in the lime rinds can produce photosensitivity in some. On the other hand, we do know that certain drugs, eg. tranquilizers, antibiotics, and diuretics, produce

phototoxicity or an allergic reaction to sun exposure in a few individuals. But the reaction is uncommon" . . . Robert Kim felt that the statement that eating vitamins A, E and C and foods containing them can help prevent sun damage to the skin was in error . . . "Carotene is somewhat protective against one uncommon skin disease, but vitamins E and C offer no protection against skin cancer." Both Harry and Bob feel that PABA does protect the skin against damage from ultraviolet rays and thus prevent precancers and cancers over the long haul . . .

Aiea ophthalmologist Geoffrey Davis says severe eye disorders can be brought on by stress or made worse, e.g. central serous maculopathy, visual manifestations in migraine, recurrent herpes simplex of the eye, uveitis, blepharitis, involuntary contractions, etc. Geoffrey approaches these conditions from a holistic point of view — i.e., considering the whole person, rather than just what's going on in the eyes. He feels that a little investigation will reveal stressful situations that may be the underlying factors . . .

## Conference Notes . . .

"Pancreatic CA" Gary Glober, MD UH Med Conf.:

A. Statistics:

- Increasing incidence over the past 40 years . . . Rate has risen from 3 per 100,000 to 10 per 100,000 . . .
- 4th most common cancer death . . .
- Less than 1% 5 year survival . . . Median survival 4 to 6 months . . .
- Cause of pancreatic CA unknown —? relation to coffee . . . (NEJM)
- Incidence in Hawaii: Hawaiians 1st, Caucasians 2nd, Japanese 3rd (Equal incidence in Hawaii and Japan), Filipinos last (Filipinos have a low rate of cancers, except for hepatomas.)

B. Diagnosis:

- In patient suspected of pancreatic malignancy without ileus, ascites, gross obesity, do ultrasound first, otherwise CAT scan . . .
- If suspicious lesion found, do percutaneous aspiration cytology, biopsy (Positive rate 60-100%)
- If cytology positive, rule out metastasis with technetium liver scan and/or CAT scan.
- If scans negative, do arteriography.
- If ultrasound or CAT scan negative and pancreatic CA still suspected, do pancreatic function tests or endoscopic retrograde cholangiopancreatogram.

★ ★ ★

"Bundle Branch Blocks & Acute MI" James Orbison, MD UH Med Conf.:

- BBB occur in 12-15% of patients with AMI . . .
- The major problems of patients with AMI and BBB are a) power failure and b) high grade A-V block. Both result in death, but A-V block may respond to artificial pacing.
- Power failure is a major mortality factor in these patients . . . Cardiogenic shock antedating BBB has a plus 80% mortality.
- Power failure with BBB has a 53% mortality vs a 7-8% mortality for most mild heart heart failures . . .
- Overall mortality of AMI with BBB is 28-50% without BBB . . .

(Continued on Page 74)



6. Multicenter study BBB in patients without power failure is 7% vs 2% without BBB . . .

7. Risk of high grade A-V block varies from 8-47% in the literature while multicenter studies show a 22% risk . . .

8. Patients without power failure, but with high grade A-V block have a 28% mortality vs a 2% mortality in patients without high grade A-V block . . . Therefore identification of patients with BBB and AMI and who are at risk of high grade A-V block is vital since prophylactic pacing could be life saving . . .

9. Opinions vary on use of prophylactic pacing, but it is generally felt that temporary pacing is indicated for the following:

a) Bifascicular BBB (LAFB or LPFB) a/c transient high grade A-V block . . .

b) New bifascicular block with or without prolonged PR interval . . .

c) Some advocate pacing with new BBB and prolonged P-R interval . . .

Statistics:

a. Incidence of BBB in AMI= 12-15%; LBBB = 38%; RBBB = 11%; LAFB = 34%; LPFB = 10%; alternating BBB = 6%  
b. General Mortality: AMI with BBB is 30-50%; without BBB is 12-13%. With LBBB is 2%; with RBBB is 50% . . .

c. Mortality with power failure: With BBB is 53%; without BBB is 49% . . . Therefore mortality has little relation to power failure.  
d. Mortality with high grade A-V Block: With no power failure is 15% while mortality without high grade A-V block and no power failure is 2% . . .

Therefore high grade A-V block has significant

mortality "Coronary Atherosclerosis

\* \* \*

Risk Factors: Fact of Fiction?" Otto Neurath, MD UH Med Conf.:

"Many of our prevailing concepts on coronary atherosclerosis are wrong . . . Statistics can be wrong . . . Sudden death has been all attributed to acute MI's, but now we know it can be due to electrical disturbance or spasm . . ."

"The coronary care unit is a misnomer since we do not care for coronary arteries, but treat pump failure, arrhythmias, etc."

"The major risk factors viz age, sex, hypercholesteremia, hypertension, diabetes, and smoking can account for only half the cases of coronary heart disease . . . Coronary atherosclerosis can be observed in individuals with few if any of these risk factors: a) there is no direct relation of hypertension to CHD; b) coronary arteries are not directly involved in diabetes mellitus; c) dietary cholesterol does not raise serum cholesterol levels . . . actually contribute less than 10%; d) polysaturated fatty acids: AHA diet recommending 10% saturated fats, 10% mono-saturated fats and up to 10% poly-unsaturated fats should not be recommended for Americans . . . (AHA Committee on Nutrition has stated: "There are serious unresolved questions concerning the benefits and potential risks of a glut of polyunsaturated oils for life long use" . . . (e.g. the Masai have atherosclerosis but have large coronary arteries)

"Never positive factors: a. Mechanical stress leading to endothelial damage; b. Genetic predisposition; c. Toxic factors; d. Platelet aggregation factors; e. Sex differences — causes?"

"Basic researchers rather than statisticians should be determining the cause of CHD . . . We have been misled on coronary atherosclerosis risk factors by wrongly applied statistics and by commercial interests . . . Diet and the other risk factors have nothing to do with CHD . . ."

"The modern craze of jogging may have serious consequences . . . Exercise does not open up our coronary arteries . . ."

\* \* \*

"Nuclear Gastroenterology" Marc Coel, MD UH Med Conf.:

A. Cholecystitis:

- a. Ultrasound demonstrates GB stones better than any other modality . . . Useful in chronic cholecystitis . . .
- b. HIDA: useful in acute cholecystitis with dilated cystic ducts . . . 98% accuracy . . .

B. GI Bleeding Sites:

- a. Angiography needs active GI bleeding and since bleeding is intermittent, only 25% accuracy
- b. Technetium scan localizes the bleeding with blood pool imaging . . .

C. Liver: Radionucleotide liver scan:

- a. If normal, stop
- b. If equivocal, do ultrasound or CT scan
- c. If abnormal, do ultrasound or CT scan, then do biopsy . . .

D. Esophageal Motility: Radionucleotide scan: ddx: diffuse spasm, achalasia, scleroderma, diabetic, ASHD etc.

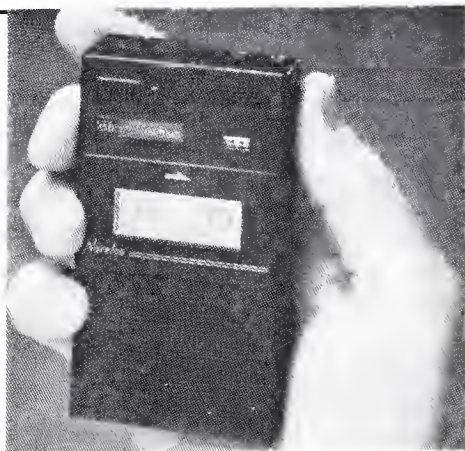
E. NMR (Nuclear Magnetic Resonance Tomography):

- a. Employs non-ionizing radiation
- b. No need to reposition patient
- c. Simple electron setting of axial, frontal, and sagittal tomograms.
- d. Provides information about specific biological situations based on protons, their number, and the environment in which they are present . . . eg diagnostic imaging of cervical CA . . .

## Miscellany

A Jew was drinking in a downtown bar with a Chinese friend . . . After some serious drinking, the Jew suddenly slaps his friend's face and sez, "That's for Pearl Harbor!" "Hey, I'm Chinese . . . The Japanese bombed Pearl Harbor . . ." "Chinese, Japanese, Korean . . . What's the difference!" replies the Jew. After further drinking, the Chinese suddenly slaps the Jew on the head and yells, "That's for the Titanic!" "But the Titanic was sunk by an iceberg," argues the Jew. "Iceberg, Rosenberg . . . Heck! What's the difference?" counters the Chinese . . . (As told by our dentist friend, Dick Oide)

Two strangers meet in a bar. After a few rounds, one sez, "Bet you a drink that I can bite my own eye." "You're on," sez the other . . . "How can anyone bite his own eye?" The fellow removes a prosthetic right eye and bites it. He downs his drink. Soon he sez, "Bet you another drink that I can bite my ear." The second fellow carefully checks the ears to see if they are real, then sez, "OK, you're on." The first fellow takes out his false teeth and nips his ears. After gulping his second drink, he finally sez, "Bet you two drinks that I can piss on you without getting you wet." So he gets up on the bar and pisses on the guy who yells, "Hey, I'm getting wet!" "Shucks, guess I can't win 'em all," he says, and pays off two drinks . . . (As told by our pharmacist friend, Take Torigoe)



### Norelco<sup>®</sup> Microcassette Recorder

Two-speed recording. Automatic playback for quick, easy review. Automatic recording level assures crisp, clear recordings in any surroundings. Shirt-pocket size, weighs just 6.7 oz., uses standard batteries. Many other features. Let us give you a demonstration.

## HAWAII BUSINESS MACHINES

Division of Electronics International Ltd.  
829 ALAKEA 536-3832



## PEQEX

### NEW & RECONDITIONED MEDICAL EQUIPMENT FOR SALE

- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT



PHYSICIAN'S EQUIPMENT EXCHANGE, INC.  
866 IWILEI RD., 207/HONOLULU, HI 96817

**537-2724**



# There's more to **ZYLOPRIM<sup>®</sup>** than (allopurinol).



- From Burroughs Wellcome Co. – the discoverer and developer of allopurinol
- Patient starter/conversion kits available for easy titration of initial dosage
- Patient compliance pamphlets available
- Continuing medical education materials available for physicians

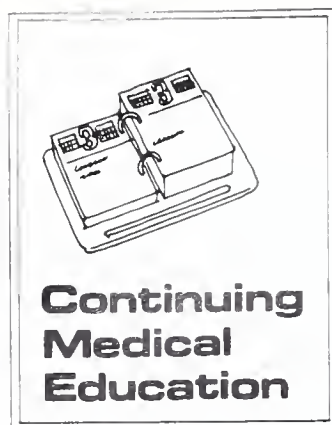


**Prescribe for your patients as you would for yourself.**

*Write "D.A.W.," "No Sub," or "Medically Necessary,"  
as your state requires, to make sure  
your patient receives the original allopurinol.*



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709



## CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

### LOCAL ACCREDITED PROGRAMS

#### ONGOING

##### American Cancer Society, Hawaii Division

1. Telephone Task Force w/G.N. Wilcox Memorial Hospital, First Thursday, 12:45 p.m. and Fourth Tues. 12:30 p.m. w/Maui Mem. Hsp. Held on Oahu at Am. Cancer Society main conf. room, 200 N. Vineyard, Honolulu.

##### John A. Burns School of Medicine

1. Dept. of Medicine
  - A. Case Conferences, Second and Fourth Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - B. Grand Rounds, First and Third Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - C. Endocrinology Grand Rounds, Second Thursday, 5:30-6:30 p.m., Queen's University Tower, Room 506.
  - D. UH-Queen's Conference, Fridays, 8:00-9:00 a.m., Queen's Medical Center, Mabel Smythe Auditorium.
  - E. Cardiology Grand Rounds, First and Third Tuesdays, 5:30-6:30 p.m., Queen's University Tower, Room 508.
  - F. Infectious Disease Grand Rounds, Second and Fourth Tuesdays, 5:00-6:00 p.m., Queen's Nalani I Conference Room.
  - G. Dermatology Grand Rounds, Second Wednesday, 7:30-9:30 a.m., Queen's Medical Center, Queen Emma Clinic.
  - H. Pulmonary Grand Rounds, Fourth Wednesday, 4:30-5:30 p.m., Queen's Medical Center, Kamehameha Auditorium.
  - I. Nuclear Medicine Grand Rounds, Third Wednesday, 5:00-6:15 p.m., Straub Hospital, Doctors' Dining Room.
  - J. Medical-Surgical GI Grand Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Hospital, PB4 Classroom.
2. Dept. of Obstetrics and Gynecology
  - A. Grand Rounds, Wednesdays, 7:30-8:30 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
3. Division of Orthopedics
  - A. Fracture Conference, Mondays, 5:00-6:00 p.m., Queen's University Tower, Room 618.
  - B. Shriner's Hospital Conference, Tuesdays, 7:15-9:00 a.m., Shriner's Hospital.
4. Dept. of Pediatrics
  - A. Grand Rounds, Thursdays, 8:00-9:00 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - B. Pediatric Monday Noon Conference, Mondays, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - C. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., Kapiolani-Children's Medical Center, Conference Room B.
  - D. Perinatal Grand Rounds, Fridays, 8:15-9:15 p.m., Kapiolani-Children's Medical Center, Conference Room B.
5. Dept. of Psychiatry
  - A. Grand Rounds, Fridays, 8:00-9:30 a.m., Queen's University Tower, Room 618.
6. Dept. of Surgery
  - A. Grand Rounds, First, Second, and Third Saturdays, 7:30-9:00 a.m., rotating hospitals.
  - B. Statistical M and M, last Saturday, 7:30-9:00 a.m., rotating hospitals.
  - C. Journal Club, First and Third Tuesdays, 6:00-8:00 p.m., Queen's University Tower, Room 620.
  - D. Medical-Surgical GI Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Medical Center, PB4 Classroom.
  - E. Pediatric Surgical Grand Rounds, First Friday, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
7. Dept. of Family Practice
  - A. Conference, Fourth Wednesday, 1:00-2:00 p.m., Kapiolani-

Children's Medical Center, Second Floor Auditorium, Executive Dining Room.

8. Dept. of Family Practice
  - A. Conf., Wednesdays, 8:00-9:00 a.m., Kaiser 4th Floor Conf. Room.
  - B. Conf., Thursdays, 12:00-1:00 p.m., Kaiser 4th Floor Conf. Room.
9. Dept. of Physiology
  - A. Dept. Conf., Wednesday, 4:30-5:30 p.m., BioMed T-210.
10. University of Hawaii, John A. Burns School of Medicine Grand Rounds, Third Thursday, 4:30-6:00 p.m., Queen's University Tower, Room 618 or BioMed Building.
11. HI Oncology Group, one Monday a month, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala St., 4th Floor Conference Room.
11. HI Oncology Group, usually Third Monday bimonthly, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala Street, Fourth Floor Conference Room.

##### Federation of Emergency Medicine-Maui

1. Cardiology for the Emergency Physician. Every Monday, 9:00-10:00 a.m.-Maui Memorial Hsp. Conf. Rm #1. (For spec. topics or further info contact: Federation Office (808) 244-7629, or Dr. C.T. Mitchell, (808) 244-9056.
2. Journal Club in Emerg. Medicine. 2 hrs. Cat. 1. MMH Conf. Rm. #1. 9:00-11:00 a.m.

##### Hawaii Thoracic Society

1. Pulmonary Med., Clinical case presentations & current research in pul. med. with U of H Sinclair Chest Club, Third or Fourth Wednesdays, each month, 7:30 a.m.-9:30 p.m. For further info contact: Rosemary Respcio, B.S.N. at (808) 537-5966.

##### Hickam Clinic

1. Clinical Correlation Conference, First Thursday, 11:00 a.m.
2. Didactic—our staff, Second Thursday, 11:00 a.m.
3. Didactic Visiting Lecturer, Third Thursday, 11:00 a.m.
4. Radiology Conference, Fourth Thursday, 11:00 a.m. (Contact Aurora Macapinlac, M.D., M.C., 449-5770)

##### Hilo Hospital

1. Orthopedic Conference, First Tuesday, 12:30-1:30 p.m.
2. NCME (ETV), Thursdays, 12:30-1:30 p.m., Saturdays, 7:00-8:00 a.m. (repeat); not held on long (holiday) weekends.
3. Radiology Case Presentations, Second Wednesday, 12:30-1:30 p.m.
4. Clinical Pharmacology, Third Friday, 12:30-1:30 p.m.
5. C.P.C., Second Friday, 12:30-1:30 p.m.
6. Visiting Professor's Program

##### Kaiser Hospital

1. Medicine Grand Rounds, Every Tuesday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
2. Tumor Board, Every Tuesday, 12:00 noon. Pac. Aud. 1 hr. Cat. 1.
3. OB/Ped. Perinatal Mortality Conference, Last Tuesday, each month. 8:00 a.m. 1 hr. Cat. 1.
4. Surg. Grand Rounds, Every Friday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
5. Saturday Morning Educational Conference, Every Saturday, 7:30 a.m. Pac. Aud. 1 hr. Cat. 1.

(Contact CME Dept.-Kaiser for further information)

##### Kapiolani-Children's Medical Center

1. Pediatric Grand Rounds, Every Thursday, 8:00-9:00 a.m., Aud.
2. Pediatric Conference, Mondays, 12:45-1:45 p.m., 2nd Floor Aud.
3. Neonatal Grand Rounds, Friday, 8:00-9:00 a.m., Conference Room B.
4. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., 3rd Floor Conf. Rm.
5. Ob-Gyn Conference, Tuesday, 1:00-2:00 p.m., Aud.
  - First—Didactic Presentation
  - Second—Perinatal-Neonatal Topics
  - Third—Obstetrics Topics
  - Fourth—Gyn Topics
6. Tumor Board, Oncology Conference, First and Third Friday, 1:00-2:00 p.m., Aud.

##### Kuakini Medical Center

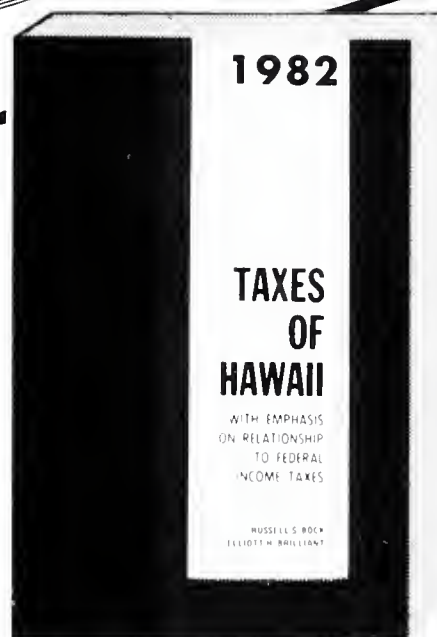
1. Department of Ophthalmology Mtg., First Tuesday, 12:30-1:30 p.m.
2. Department of Medicine Mtg. (Statistical), Fourth Tuesday, 1:00-2:00 p.m.
3. G.I. Conference, First Tuesday, 8:00-9:00 a.m.
4. Nephrology Conference, First Wednesday, 8:00-9:00 a.m.
5. Oncology Conference, Every Thursday, 7:30-8:30 a.m.
6. Pulmonary Conference, First Thursday, 1:00-2:00 p.m.
7. Surgical Conference, First & Second Friday, 12:45-1:45 p.m.
8. Surgical M&M Conference, Fourth Friday, 12:45-1:45 p.m.
9. Department of Medicine Evening Mtg., Second Tuesday, 5:30-7:00 p.m.
10. Visiting Professor Program (for further info contact CME Dept. 547-9226 as these programs may be subject to change.)

(Continued on Page 78)



# TAXES OF HAWAII

**19th**  
EDITION



**INCLUDES:**

- **NEW!** Withholding tables for 1982 and income tax tables for 1981 and 1982.
- Economic Recovery Tax Act impact and all federal changes not yet adopted by Hawaii.
- IRS Code changes made Dec. 1980 adopted by Hawaii
- Hawaii law changes enacted in 1981

The only authoritative book on Hawaii taxes.  
Authors: Russell S. Bock & Elliott H. Brilliant

Order now to assure mailing immediately upon publication.  
\$13.95 per copy, postpaid and tax included.  
Add \$1.65 for Moinland delivery.

Discounts available for orders of 6 or more copies ordered  
at one time. Payment must accompany orders for single copies.

 **Crossroads Press, Inc.**  
P.O. Box 833—Honolulu, Hi. 96808

PLEASE PRINT

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send \_\_\_\_\_ copies of 1982 edition of  
TAXES OF HAWAII at \$13.95 per copy, postpaid.

( ) Payment enclosed ( ) Please invoice  
Required for single copy orders.

#### Maui Memorial Hospital

1. Thursday Conference, 7:00-8:00 a.m., Staff Dining Room.  
First—Dept. of Medicine  
Second—Dept. of Surgery  
Third—Dept. of OB/GYN  
Fourth—Dept. of Pediatrics  
Fifth—Elective
2. Tumor Board, Every Monday, 12:15-1:15 p.m.—Tumor Conference Telephone Task Force—Third Tuesday, 12:15-1:15 p.m.
3. Dept. of Emergency Medicine, Third Monday, 7:00-8:00 a.m.
4. Diagnostic Radiology, Fourth Tuesday, 12:00-1:00 p.m.
5. SFH-UH Hematology Conf., Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

#### Hawaii Ophthalmological Society

1. Monthly dinner meeting, Third Thursday of each month. Contact: Dr. A. Kunimoto, (808) 941-2208.

#### The Queen's Medical Center

1. ENT Conferences, First and Second Fridays, 7:30 a.m., Small Dining Room.
2. Medical Conferences, Every Friday, 8:00 a.m., Kam Auditorium.
3. Ob/Gyn Conferences, Second and Fourth Mondays, 1:00 p.m., Kam Auditorium.
4. Ophthalmology Conference, Fourth Tuesday, 5:00 p.m., Queen Emma Eye Clinic.
5. Orthopedic Conferences, Every Wednesday, 7:00 a.m., Kam Auditorium.
6. Pathology Conferences, Every Wednesday, 7:30 a.m., Surgical Conference Room.
7. Pediatric Grand Rounds, Fourth Thursday, 12:30 p.m., Nalani I Conference Room.
8. Surgical Trauma Conference, Second Tuesday, 4:30 p.m., Kam Auditorium.
9. Basic Science Lectures, Every Wednesday, 7:15 a.m., Queen's University Tower, Room 618.

#### St. Francis Hospital

1. SFH-UH Tumor Conference, Every Monday, 7:30 a.m., Sullivan-4 Classroom.
2. SFH-UH Nephrology Conference, First Monday, 1:00 p.m., Sullivan-4 Classroom.
3. SFH-UH Endocrine Conference, Last Monday, 12:30 p.m., Sullivan-4 Classroom.
4. EENT Meeting, First Tuesday, 7:00 a.m., Sullivan-4 Classroom.
5. SFH-UH Hematology Conference, Third Thursday, 12:30 p.m.,

Sullivan-4 Classroom.

6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

#### Straub Clinic & Hospital

1. Straub Professional Seminar meets the Second Tuesday of each month from 5:00-6:30 p.m. in the Credit Union Meeting Room (2nd Floor, Credit Union Bldg.)
2. Surgical Mortality and Morbidity Conference meets every Fourth Thursday of each month, from 7:00-8:00 a.m. in the Doctors' Dining Room.
3. Cardiac Surgery Conference meets the Third Tuesday of each month from 4:30-5:30 p.m. in the Doctors' Dining Room.
4. Department of Anesthesiology meets the Second Tuesday of each month from 7:00-8:00 p.m. in the Doctors' Dining Room.
5. Community Peripheral Vascular Conference meets the Fourth Thursday of each month from 5:00-6:30 p.m. in the Doctors' Dining Room.
6. Visiting Professor Program meets monthly from 7:00-8:00 a.m. in the Doctors' Dining Room.
7. Urology Inservice meets every other month on the Third Friday from 8:00-9:00 a.m. in the Doctors' Dining Room.
8. Neuropathology Clinical Correlation Conference meets the Third Thursday of each month from 7:30-8:30 a.m. in the Straub Morgue.
9. OB-GYN Pathology meets every Fourth Monday of each month from 12:30-1:30 p.m. in the Administration Conference Room (ACR).
10. Urologic Pathology meets every First Monday of each month from 8:00-9:00 a.m. in the Doctors' Dining Room.
11. Friday Noon Conference meets Every Friday of each month from 12:30-1:30 p.m. in the Doctors' Dining Room.

\*Note: All conferences are subject to change. Monthly calendar will be available upon request.

#### Wahiawa General Hospital

1. Noon Seminars, Every Tuesday

#### Wilcox Hospital (Lihue)

1. General Medical Staff Meeting, Quarterly in January, April, July & October.
2. Clinical Review Meeting, Alternate Mondays at noon.
3. Tumor Conference, First Thursday.

#### Miscellaneous

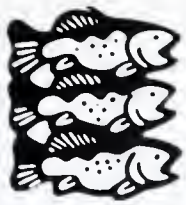
HMA Maternal and Perinatal Mortality Study Committee, First Monday each month - 5:30 p.m. 320 Ward Ave., S 200.  
Cat. I on hr. for hr. basis.

### SPECIAL EVENTS

Feb. 4-5, 1982	American College of Physicians, Hawaii Regional Meeting. At: Hilton Hawaiian Village Hotel. Contact: Nadine C. Bruce, M.D., FACP, 2230 Liliha, Honolulu, Hawaii 96817, (808) 547-6497
Feb. 6-13, 1982	Cardiology, Univ. of Wash. Sch. of Med., SC-50, Seattle, Wash. 98195. At: Hawaii, 8 days.
Feb. 13-1982	Hawaii Asthma & Allergy Symposium. Hawaii Asthma Camp, YBA, 1710 Pali Highway, Honolulu, Hawaii 96813. At: Ilikai Hotel, 7 hrs.
Feb. 13-1982	Hawaii Acad. of Family Phys. Ann. Mtg. & CME Prgm., Hawaii Acad. of Family Phys., 46-378 Holo-kaa Street, Kaneohe, Hawaii 96744. At: Ilikai Hotel, Honolulu, 8 hrs.
March 8-12, 1982	Northwestern Univ. Sports Med. Course, Northwestern Univ. Med. Sch. Ctr. for Sports Med., 303 E. Chicago Ave., 60611 At: Maui, 25 hrs.
March 15-19, 1982	Univ. of Hawaii Sports Med. Course, Box CED-CCECS, 2530 Dole St., Honolulu, Hawaii 96822. At: Princess Kaiulani Hotel, Waikiki, 18 hrs.
March 17-19, 1982	Gen. Pediatrics., Am. Acad. of Pediatrics, 1801 Hinman Ave., Evanston, Ill. 60204. At: Royal Lahaina Resort Maui, 15 hrs.
March 29-April 2, 1982	Current Concepts in Ob-Gyn. UH John A. Burns School of Medicine, 1660 East-West Road, Honolulu, HI 96822. At: Ilikai Hotel, Honolulu, 20 hrs.
April 3-10, 1982	Topics in Family Prac., U. of Wash. Sch. of Med., SC-50, Seattle, Wash. 98195. At: Hawaii, 8 days.

April 10-17, 1982	Pediatric Emergencies, UC San Diego, Sch. of Med., Off. of Cont. Edu. M-017, La Jolla, Calif. 92093. At: Kauai.
April 18-22, 1982	Winter Symp. Am. Coll. of Emergency Phys., Box 61911, Dallas, Texas 75261. At: Marriott's Resort, Kaanapali Beach, Maui, 22 hrs.
April 19, 1982	Diagnostic & Therapeutic Skills in Internal Med., USC Sch. of Med., Postgrad Div. 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 30 hrs.
April 25-29, 1982	Am. Assn. of Neurological Surgs. Ann. Mtg., 625 N. Michigan Ave., Chicago, Ill. 60611. At: Sheraton-Waikiki, Honolulu, 40 hrs.
June 19-26, 1982	Fourth Ann. Med. Imaging in Hawaii., Am. Coll. of Med. Imaging, Box 27188, Los Angeles, Calif. 90027. At: Hyatt Regency Hotel, Maui, 24 hrs.
July 13-17, 1982	Endocrine Metabolic Course, USC Sch. of Med. Postgrad Div., 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 25 hrs.
July 17-24, 1982	Cardiovascular Med. & Surg., An Adv. Course, Stanford Univ. Sch. of Med., Stanford, Calif. 94305. At: Mauna Kea Beach Hotel, Kamuela, 22 hrs.
Aug. 16-20, 1982	Univ. of Hawaii Sports Med. Course, Box CED-CCECS, 2530 Dole St., Honolulu, Hawaii 96822. At: Princess Kaiulani Hotel, Waikiki, 18 hrs.





# Where to go For BUSINESS DINING

## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

Top of the Blvd.  
and Waimalu

Both Open 24 Hrs.  
(Except the Wee Hours  
of Monday Morning)

Cartoon  
Courtesy of  
The Honolulu  
Star-Bulletin

CHINESE AND AMERICAN FOOD

CONSISTENTLY GOOD  
CHINESE FOOD . . .

*Coral Reef*

Restaurant and lounge

Mauka side next to Woolworth

1006 Ala Moana Center

Open from 10:30 AM to 9:30 PM

Sundays 10:30 AM to 5 PM

Phone: 949-3500

Now Serving  
Hot and Spicy  
Dishes for Dinner

**M's**  
**Coffee Tavern and  
Cheerio Room**

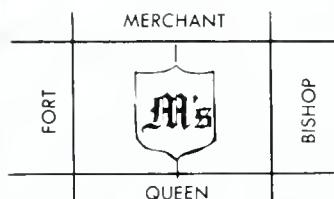
Breakfast - Lunch - Cocktails  
in the heart of Downtown.

M's Coffee  
Tavern  
6:30-2 P.M.

Cheerio Room  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern  
or inn."

*Samuel Johnson*



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Hōhron Lane.

•PHONE: 955-8844•

OPEN DAILY -

Lunch-11:00 a.m. - 2:00 p.m., Dinner-5:00 p.m. - 1:00 a.m.

VALET & FREE VALIDATED PARKING

**Arthur's**

Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.

*Flamingo Restaurant*

**DUKE'S**

LUNCHEON: Monday-Friday, 11-2  
DINNER: Wed.-Sat., From 5:30

Our Private Rooms  
Accommodate 10 to 50

FREE Parking (off Makaloa)  
after 5:00 PM

Phone 531-7207

615 PIKOLI

**Seafood in its  
Finest Hour**

Any hour from 11 am to 10 pm,  
Fridays & Saturdays 'til 11 pm.



**THE SEAFOOD EMPORIUM**

Please call 922-5547 for reservations

Royal Hawaiian Shopping Center, second floor • corner of Kalakaua and Lewers

Enjoy one  
of these fine  
eating places  
today!



**ENLARGE  
REDUCE  
COLLATE**

## **NOW CANON OFFERS YOU A NEW STANDARD OF PERFORMANCE WITH THE CANON NP-400F**

The Canon NP-400F offers you all the copying capabilities of much larger, more expensive copier machines, in a compact new desktop size. In fact, it gives you every feature you need for virtually every copying job. Any direction you want your enterprise to go, the NP-400F can adapt to it. Simply, the Canon NP-400F makes ordinary system copiers obsolete.

**Two reduction modes as a standard feature.** Need a large document brought down to a convenient filing size? Or a computer print-out reduced to letter size? The NP-400F can do it. Depending on your requirements, it gives you a choice of two reduction modes as a standard feature. A great advantage to simplify handling, mailing or filing. **40 letter-size copies a minute. Fast.** No matter what size your business is, speed and efficiency are always of the utmost concern. The Canon NP-400F is the fastest desktop copier in its class. **Optional sorter organizes the entire output.** Complete your copies from start to finish. The specially designed NP-Sorter III for the NP-400F has 15 bins, each holding up to 30 sheets. Now you can have completely collated sets effortlessly. **Enlarges, giving you more copying freedom.** This unique feature of enlarging is another reason why the NP-400F is so remarkable. You can enlarge map sections, detailed drawings, newspaper articles, and fine print for greater legibility. You have full command over the copy size you want. **Feed your copies through and get onto more important work.** Another time consuming job is over thanks to the Canon NP-400F

Document Feeder. You simply slip your originals into the feeder and it feeds them through the entire copying process. **Uncommonly crisp, clear, plain paper copies** with Canon's revolutionary Toner Protection System with use of dry man-made toner. Eliminates foggy images, provides superior tonal gradation and reduces running costs. You'll discover hundreds of other quality details, including the price you like. Call us to arrange for a demonstration. Lease/purchase plans, too.

HONOLULU  
2340 Kam Highway

**847-0221**

KAHULUI  
261 Lalo Street

**877-7331**

HILO  
101 Holomua

**935-5401**

KONA  
74-5603 Alapa

**329-1308**

*A different kind of company where promises and customers are kept*

**Canon  
NP  
400F**





MARCH 1982  
VOL. 41, NO. 3

# Hawaii MEDICAL JOURNAL

## CONTENTS

LIBRARY  
U.C. SAN FRANCISCO

MAR 24 1982

Editorials and Opinions 86

HMA Council Meeting 87

Implementation of a Computer-Assisted  
Medical Record System  
in the Family Practice Office 90  
Donald L. Farrell, M.D.  
Robert M. Worth, M.D., Ph.D.

Continuing Medical Education 97

HMA Auxiliary 103

News and Notes 103

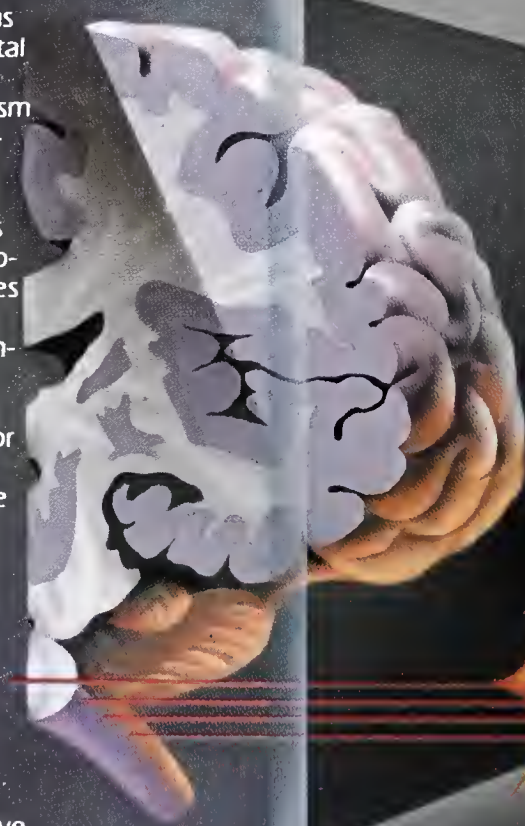
HAFP Newsletter 106

U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143

# SKELETAL MUSCLE SPASM

## Actions associated with spasm

Normally, presynaptic inhibition of impulses to motoneurons prevents the continuous contraction of skeletal muscles. When this regulatory mechanism is overloaded, however, it cannot cope with the excessive number of impulses directed at the motoneurons and muscles go into spasm. This bombardment of impulses may come from the brain stem reticular formation or the spinal cord—or both. Whichever the source of the impulses, adjunctive Valium (diazepam/Roche) has demonstrated its ability to relieve the spasm-pain-spasm cycle. This has long been known. Now evidence is emerging that Valium may have skeletal muscle relaxant activity not only at the brain and spinal levels but possibly at a third site—the muscle itself.



## Counteractions associated with Valium® (diazepam/Roche)

### In the reticular formation

Animal experiments have shown a reduction in the rate of neuron firing in the brain stem reticular formation after administration of Valium.<sup>1,2</sup> This system, therefore, may be a major site of Valium action.

### In the spinal cord

The ability of Valium to diminish skeletal muscle spasm may also be due to its action at the spinal level. Both animal and human experimental evidence indicates that Valium appears to improve the efficiency of presynaptic inhibition in the spinal cord.<sup>3-6</sup>

### In the muscle itself

In both animal<sup>7</sup> and human<sup>8</sup> studies, Valium has been shown to have a direct effect on the muscle itself. Diazepam, administered to 15 spastic patients with neurological lesions, reduced the amplitude of the compound action potential of direct muscle response as well as the isometric twitch tension. From this, it was postulated that Valium may affect the contractile properties of muscle and possibly

**References:** 1. Przybyla AC, Wang SC. *J Pharmacol Exp Ther* 163:439-447, 1968. 2. Tseng TC, Wang SC. *J Pharmacol Exp Ther* 178:350-360, 1971. 3. Stratten WP, Barnes CD. *Neuropharmacology* 10:685-696, 1971. 4. Schmidt RF, Vogel ME, Zimmermann M. *Arch Exp Pathol Pharmacol* 258:69-82, 1967. 5. Murayama S, Uemura H, Suzuki T. *Jpn J Pharmacol* 22 (Suppl): 79, 1972. 6. Verrier M, MacLeod S, Ashby P. *Can J Neurol Sci* 2:179-184, Aug 1975. 7. De Groof RC, Bianchi CP, Narayan S. *Eur J Pharmacol* 66:193-199, 1980. 8. Verrier M, Ashby P, MacLeod S. *Am J Phys Med* 55:184-191, 1976. 9. Fowles EW, Strickland DA, Peirson GA. *Am J Phys Med* 44:9-19, 1965.

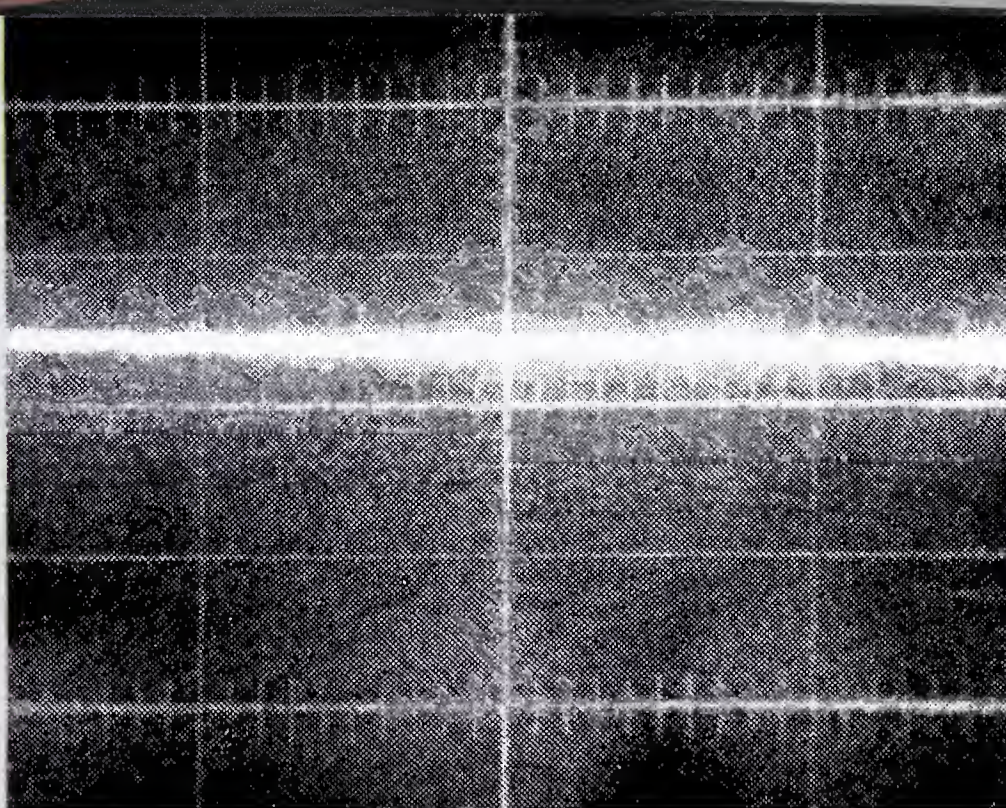


Actions and Interactions



Electromyographic evidence of muscle spasm in a patient before administration of diazepam\*

35 minutes after I.M. diazepam 10 mg, muscles are completely relaxed\*

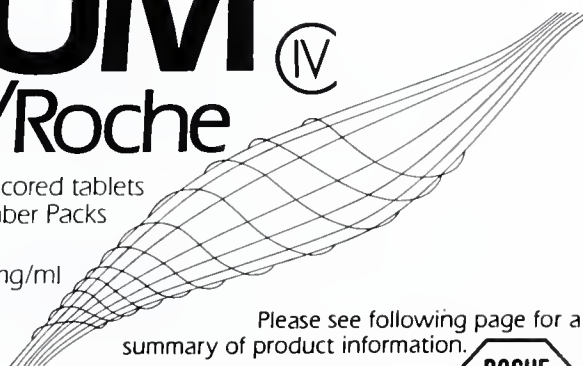


\*Adapted from Fowlks EW, et al.<sup>9</sup>

the electrical properties of muscle membrane. Recent *in vitro* studies demonstrated that diazepam decreases tension in rapidly stimulated muscle and increases the rate of loss of calcium (needed for efficient coupling of action potential to muscle contraction) in the skeletal muscle of frogs. While these studies imply three possible sites of Valium (diazepam/Roche) activity, conclusive proof of the sites of action of Valium will require further research.

# Adjunctive **VALIUM**<sup>®</sup> diazepam/Roche<sup>®</sup>

2-mg, 5-mg, 10-mg scored tablets  
Tel-E-Dose<sup>®</sup> Reverse-Number Packs  
2-ml Tel-E-Ject<sup>®</sup> ready-to-use  
disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials }



Please see following page for a summary of product information.





# Adjunctive **VALIUM**® diazepam/Roche

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome. *Oral form* may be used adjunctively in convulsive disorders, but not as sole therapy. *Injectable form* may also be used adjunctively in: status epilepticus, severe recurrent seizures; tetanus; anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures, cardioversion. The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets in children under 6 months of age; known hypersensitivity; acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL:** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients; should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V.: inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest; concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea, have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use. Efficacy/safety not established in neonates (age 30 days or less), prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence; can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam/Roche), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated). The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return; re-administer if necessary, not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures

available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported, should these occur, discontinue drug.

Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam/Roche) therapy and are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Dosage:** Individualized for maximum beneficial effect.

**ORAL—Adults:** Anxiety disorders, relief of symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d., acute alcohol withdrawal, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d., adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg 1 or 2 times daily initially, increasing as needed and tolerated (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**INJECTABLE:** Usual initial dose in older children and adults is 2 to 20 mg I.M. or I.V., depending on indication and severity. Larger doses may be required in some conditions (tetanus). In acute conditions injection may be repeated within 1 hour, although interval of 3 to 4 hours is usually satisfactory. Lower doses (usually 2 to 5 mg) with slow dosage increase for elderly or debilitated patients and when sedative drugs are added (See Warnings and Adverse Reactions).

For dosages in infants and children see below; have resuscitative facilities available.

**I.M. use:** by deep injection into the muscle.

**I.V. use:** inject slowly, take at least one minute for each 5 mg (1 ml) given. Do not use small veins, i.e., dorsum of hand or wrist. Use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Moderate anxiety disorders and symptoms of anxiety, 2 to 5 mg I.M. or I.V., and severe anxiety disorders and symptoms of anxiety, 5 to 10 mg I.M. or I.V., repeat in 3 to 4 hours if necessary; acute alcoholic withdrawal, 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary. Muscle spasm, in adults, 5 to 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary (tetanus may require larger doses); in children, administer I.V. slowly; for tetanus in infants over 30 days of age, 1 to 2 mg I.M. or I.V., repeat every 3 to 4 hours if necessary, in children 5 years or older, 5 to 10 mg repeated every 3 to 4 hours as needed. Respiratory assistance should be available. Status epilepticus, severe recurrent convulsive seizures (I.V. route preferred), 5 to 10 mg adult dose administered slowly, repeat at 10- to 15-minute intervals up to 30 mg maximum. Repeat in 2 to 4 hours if necessary keeping in mind possibility of residual active metabolites. Use caution in presence of chronic lung disease or unstable cardiovascular status. **Infants (over 30 days)** and **children (under 5 years)**, 0.2 to 0.5 mg slowly every 2 to 5 min., up to 5 mg (I.V. preferred). **Children 5 years plus**, 1 mg every 2 to 5 min., up to 10 mg (slow I.V. preferred); repeat in 2 to 4 hours if needed. EEG monitoring may be helpful.

In endoscopic procedures, titrate I.V. dosage to desired sedative response, generally 10 mg or less but up to 20 mg (if narcotics are omitted) immediately prior to procedure, if I.V. cannot be used, 5 to 10 mg I.M. approximately 30 minutes prior to procedure. As preoperative medication, 10 mg I.M.; in cardioversion, 5 to 15 mg I.V. within 5 to 10 minutes prior to procedure. Once acute symptomatology has been properly controlled with injectable form, patient may be placed on oral form if further treatment is required.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure; employ general supportive measures, I.V. fluids, adequate airway. Use levarterenol or metaraminol for hypotension. Dialysis is of limited value.

**How Supplied:** **ORAL:** Scored tablets—2 mg, white, 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500,\* Prescription Paks of 50, available in trays of 10,\* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25† and in boxes containing 10 strips of 10 †

**INJECTABLE:** Ampuls, 2 ml, boxes of 10;† Vials, 10 ml, boxes of 1;† Tel-E-Ject® (disposable syringes), 2 ml, boxes of 10.†

\* Supplied by Roche Products Inc., Manati, Puerto Rico 00701

† Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110



ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



# HAWAII MEDICAL JOURNAL

(USPS 237-640)

*Published Monthly for the*  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

*Editor,* HARRY L. ARNOLD, Jr., M.D.  
*Managing Editor,* DORIS R. JASINSKI, M.D., M.P.H.  
*News Editor,* HENRY N. YOKOYAMA, M.D.  
*Associate Editors,* JOHN M. CORBOY, M.D.  
J. I. FREDERICK REPPUN, M.D.  
*Editorial Assistants:* BECKY KENDRO, JENNIE ASATO

*Editorial Board:* FRANCIS H. FUKUNAGA, M.D.,  
NORMAN GOLDSTEIN, M.D., RALPH W. HALE, M.D.,  
THOMAS C. HALL, M.D., ROBERT T. S. JIM, M.D.,  
JAMES LUMENG, M.D., DOUGLAS G. MASSEY, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.

*Publications Committee:* CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

*President,* ANN B. CATTS, M.D.  
*President-Elect,* CALVIN C.M. KAM, M.D.  
*Past President,* NEAL E. WINN, M.D.  
*Secretary,* KWONG YEN LUM, M.D.  
*Treasurer,* WILLIAM H. HINDLE, M.D.

*County Presidents*  
*Hawaii,* ERNEST L. BADE, M.D.  
*Honolulu,* THOMAS G. CAHILL, M.D.  
*Kauai,* JOHN W. NEWMAN, M.D.  
*Maui,* MICHAEL R. SAVONA, M.D.  
*West Hawaii,* KENNETH GRANT

*Delegate to AMA,*  
HERBERT Y.H. CHINN, M.D.  
*Alternate Delegate to AMA,*  
WILLIAM E. IACONETTI, M.D.

*Advertising Representatives*  
National  
UNITED MEDIA ASSOCIATES, INC.  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
CROSSROADS PRESS, INC.  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc. for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.

## The most advanced Orthopedic Physical Therapy in Hawaii

Individually designed programs, supervised and monitored by CHART's professional staff. Patients participate in active rehabilitation using Sports Medicine techniques to restore maximum function and strength. Now in the third year of operation, patients use CHART's exclusive in-house exercise equipment and facilities.

Rowlin L. Lichter, M.D. *Medical Director*  
James K. Hewson, RPT Lauri Skopek, RPT  
Sara J. Radke, RPT Florian Flores, RPT

# CHART

Comprehensive Health And Rehabilitation Training

1314 South King Street Suite 750  
Honolulu, Hawaii 96814 Telephone 523-1674

## The United States Air Force Medical Corps

is currently accepting applications  
for the following specialities:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.





## Do More Negative Tests! Or, No News May Be the Most Important

Physicians often think to save a patient (or an insurance program) a little money by not overdoing tests. Their first inclination is to not do tests that are almost surely going to be negative: a KOH scraping on a rash that is surely not a fungal infection; a serologic test for syphilis on something that is surely not a chancre or secondary syphilis; a biopsy on an "obviously benign" keratosis, cyst, or what not; and so on.

The sober fact is that this is ineffective and potentially hazardous. The test to omit is the one that will almost certainly be positive, as a general rule! If you are perfectly sure a lesion is a fungal infection, a positive KOH examination will merely give you a little pat on the back, and a negative one must not be allowed to deter you from making the diagnosis of a fungal infection; even a negative culture does not prove it isn't ringworm. As my father liked to say, "If you look into a room for your hat and you don't see it, that doesn't mean it isn't there: it might be under the bed, or on your head!" A fungus examination in an obvious case of ringworm infection does not change your mind, regardless of how it turns out, and does not change the treatment. But such an examination in a case that surely is NOT ringworm — if it is positive — changes your mind *and* the treatment, and is worth a lot to the patient.

A skin cancer, treated properly as a skin cancer, should probably be biopsied because it is standard practice, and for legal reasons; but a lesion treated as a benign one urgently needs a biopsy, because if there happened to be a malignant histologic picture, it would really be vitally important not to miss it. The long-standing practice of discarding benign moles, seborrheic keratoses, and other lesions of that ilk is a dangerous one; all such lesions should be examined microscopically to exclude the possibility of malignancy. This is more important than confirming it is.

It's true, too, of darkfield examination of a probable or even just reasonably probable chancre. A negative darkfield won't rule it out — only a series of them, plus an STS 1, 2, and 3 months later could do that. What such a lesion needs is not a (probably positive) darkfield exam, but treatment for primary syphilis — and a (probably negative!) serologic test for syphilis, an STS, repeated a month and 3 months later.

So: when you are sure it isn't scabies, look for the

acarus! When you are sure it isn't syphilis, do a VDRL! When you are sure it's just a wen, send the cyst to the pathologist! It's a lot more important than just getting a positive test that you knew all along was going to be positive anyhow. No news may be the most important news of all!

HLAJr

## Erratum, or We Never Said We Were Perfect

Last month's issue carried a message from our HMA President Ann Catts urging members to give the "enclosed" application form to prospective members of the Hawaii Medical Association.

Due to menhune infiltration of the print shop and make-up department, this alleged application form did not appear.

We are printing the application form this month, so HMA members may have it copied and distributed to physicians among us who are not yet members or who would like to be reinstated in membership.

Don't forget to tell prospective members that joining the American Medical Association is no longer part of the package. They may join AMA if they wish, but AMA membership is no longer mandatory with county and state medical society membership.

Also, every HMA member who sponsors new members will get a break on his/her own dues. If you corral enough new members, your own membership may be gratis for the year. The number you need to get is 13.

The application form appears on page 105 of this issue.

DRJ

## Anxiety Epidemic

Recently the media gave tremendous publicity to state Department of Health bulletins regarding an epidemic of acute hemorrhagic conjunctivitis (ACH) arising in Samoa. Officials feared the infection would spread in our Islands, so they cautioned the public to avoid transmitting the disease, and to see a physician if symptoms persisted or became severe.

Unfortunately, although the written warnings were relatively restrained, the radio and television announcers seemed to translate these into a more newsworthy alert. Patients seemed to hear "Red eye? Epidemic! See your doctor!" and so, with all manner of conjunctival hyperemia, they flocked to their physicians. In my office, we counted seven "worried well" (assorted mild allergic and irritated red eyes) for every case of true AHC. The anxiety epidemic, while good for business, was bad public health.

Warnings of contagious illness always produce their own epidemic of fear. In the case of a serious disease, the risks of inducing alarm are calculated ones. But when the condition proves benign, self-limited, and untreatable, it seems ironic that the physician's role is chiefly one of reassurance. Thus the doctor treats mostly the anxiety resulting from well-intentioned publicity, rather than the disease itself.

To warn or not to warn remains a dilemma. Yet it seems



that lately we have been subjected, on all fronts, to far more warnings of hazards and toxins and pestilence than truly seems appropriate. From cyclamates and swine flu to caffeine and microwaves, the voices of dubious alarm continue to be heard from the bureaus.

JMC

## Farewell, PSRO

The Professional Standards Review Organization (PSRO) has folded, and few will shed tears.

Touted as a medical care review system in 1972, PSRO was correctly seen by many as merely a federal cost review mechanism in disguise. Thus PSRO concerned itself chiefly with length-of-stay and level-of-care review, rather than the far more difficult quality-of-care assessment.

PSRO urged physicians to cooperate with its intrusions by implying that, if *peer* review were not successful, federal bogeymen would take over the review process. But physicians found that seemingly endless nitpicking, data collecting, and paper shuffling were still a nuisance no matter who demanded them, and the increasing multiplication of forms had a curiously bureaucratic familiarity.

Because the program was federally managed, it naturally seemed that local PSRO officers were mere mercenaries. Nationally, the Bureau of the Budget found that PSRO was ineffective in controlling costs and was spending \$1 for every 40 cents saved, despite the fact that most review services were provided gratis by physicians and hospitals.

As the review burden became unmanageable, hospitals

dropped their "delegated" status, which meant they refused to do all that tedious reviewing and form-filling for free. Were PSRO to assume the burden it had created, this would raise costs still further. Even HHS can't lose 60 cents on the dollar indefinitely, so after 8 years the programs was phased out.

PSRO certainly had its accomplishments, which have been sufficiently publicized. But somehow it was never able to shake off the boondoggle image of junkets and dinners, of overstaffing and waste, to earn the support of physicians. PSRO's seemingly petty preoccupation with minutiae and its obfuscating memoranda early earned the nickname "piss-row," and, with all respects to those who tried hard to make PSRO work, few will lament its passage.

JMC



"HE SPOKE IN MILLIONS... THEN I FOUND OUT HE WAS A BACTERIOLOGIST."



Friday, December 11, 1981 5:30 p.m.

### PRESENT:

Drs. Ann Catts, Calvin Kam, K.Y. Lum, William Hindle, Neal Winn, Thomas Cahill, Frank Ferren, James Lumeng, Stephen Wallach, Henry Fong, E. Lee Simmons, Russell Stodd, John Newman, Fred MacInnes, Charlotte Florine, Arch Wigle, Mr. V. Thomas Rice, and Mrs. Gwen Fu. Staff present were Messrs: Won and Jones; Mimes. Kendro, Chang, and Asato.

### CALL TO ORDER:

The meeting was called to order by President Dr. Catts at 5:40 p.m.

### MINUTES:

The minutes of the November 6, 1981, meeting were approved as circulated.

### REPORT OF THE SECRETARY:

The November 1981 Report of the Secretary was carefully reviewed by Council. Total membership was 1,113, of which 748 were active, full-pay members, compared to a total of 922 members for the same period in 1980, 701 full-pay.

### REPORT OF THE TREASURER:

The Council reviewed in detail the October 1981 financial statement. Income item showed \$36,175, this is due to the high interest rate received from monies invested. There was a net decrease of \$7,134; however, the budget looks pretty good at this time and the end of year should not show too great a deficit.

### ACTION:

**The Treasurer's Report was approved and filed subject to audit.**

### AUXILIARY REPORT:

Mrs. Gwen Fu reported that due to funding cuts they do anticipate some problems and are working very hard on recruitment and retention of members. Mrs. Fu also asked that the county presidents encourage their societies to help recruit members for the Auxiliary. The Auxiliary is seeking either supporting or active members.

### REPORTS OF COMMISSIONS AND COMMITTEES:

#### A. Internal Affairs

**Scientific Program:** Dr. John Kim reported that the Scientific Program Committee has been meeting to work on the details for the HMA Annual Meeting and scientific program for 1982. There were 450 attendees at the 1981 meeting of whom only 65 were HMA members, about 5% of the total membership, for the CME programs. This year, instead of the structured CME sessions, plenary sessions are being planned for each morning. The World Medical Association also is meeting during the time of the HMA meeting, and wishes to coordinate speakers and live clinics with HMA. The live clinics would be held in the afternoons. The WMA will start on Friday, October 8, 1982, with their Council, and will meet with HMA on Monday, Tuesday, and

Wednesday. The WMA is also very interested in participating in the HMA sports activities. The WMA has reserved space and rooms at the Hilton Hawaiian Village. It is recommended that the HMA meeting be held October 11-14, 1982, at the Hilton Hawaiian Village, Tapa Ballroom. There are further discussion concerning registration fees and honorarium for the speakers. This will have to have further study and will be brought back to the next Council meeting for determination of fees and honorarium as well as contributions or funding from the pharmaceutical houses. The Council will be kept up-to-date on the details of the meeting.

### ACTION:

**It was moved, seconded, and passed that the HMA Annual Meeting be held October 11-14, 1982, at the Hilton Hawaiian Village.**

Comments have been received whether there should be an annual meeting on the Neighbor Islands some time in the future, as it has been many years since an annual meeting was held on another Island. At that time facilities were not readily available and only about 25 persons attended; however, there are more facilities available now. Dr. Catts asked the Council to think about this possibility (it would not be next year) and bring back to Council meetings in the future any suggestions or comments.

**B. EMS:** Testimony was given to the Segawa Committee which detailed HMA's involvement with the EMS program over the past year. The Council had already agreed to continue with the EMS program to June 1982 and must make a determination if HMA is to con-



tinue after that time as the sponsoring body for the EMS program. The program will be going out for bids and HMA must decide if they want to go into the bidding and continue as sponsor. There was discussion concerning HMA putting monies up front as sponsor of the program; it was felt by Council they did not want to continue to do so.

**ACTION:**

**It was moved, seconded, and passed that HMA continue to support the EMS program with the stipulation that no monies are given in advance.**

The EMS budget must be approved by the Council. HMA cannot get any extra money, no compensation for staff, or overhead costs for the EMS program.

**C. Interprofessional/Public Affairs**

Public Affairs Committee: **Dr. Charlotte Florine** reported on the meeting the Public Affairs Committee had with the Hawaii Hospital Association concerning endorsement of the Health Fair '82. The Hospital Association withdrew their support for the fair this year. Their reasons were somewhat confidential; however, basically it was felt that they were not satisfied with the management of the budget and cost accounting by the Health Fair people. After a lengthy discussion by Council the following action was taken:

**ACTION:**

**It was moved, seconded, and passed that HMA endorse and encourage participation in Health Fair '82, with the condition that cost accounting and budgeting procedures of this Health Fair be made known to HMA for future health fairs.**

**D. Public Health**

Cancer Committee: **Dr. John Keenan**, who has been chairman of the Cancer Committee for some time, soon will be leaving the Islands. **Dr. Reginald Ho** has accepted the chairmanship for the committee. Dr. Ho also has been named as the project investigator for the cancer project grants submitted to the NCI. A letter will be written to Dr. Keenan thanking him for his years of dedication and services to HMA and the community.

**E. Business/Medicine Coalition:** **Dr. Neal Winn** reported that the coalition has now formed two subcommittees. One will be concerned with health education for employees, to develop methods of distributing health education information, as well as short sessions with speakers to discuss pertinent topics with the employees. The other subcommittee will deal with disability and the cost of disability to the companies and how to help in this area. This group will plan a panel presentation at a HCMS membership meeting in the very near future.

**F. MIEC:** **John Won** reported that to date 39 applications have been processed and completed; several are pending. At least 6-7 are being processed every day. It is anticipated that quite a number of applications still will be coming in. Argonaut will be keeping most of their classes at the same premium, although they have lowered the premium on one class. It was remarked that when a person first started with the CHIP plan, there was a stipulation that they also had to be covered under Argonaut. Mr. Won will check into this and report back to Council.

**G. A&T, Inc.:** Legal counsel is completing the necessary paper work for the incorporation of

A&T, Inc. This should be completed to bring back to the next Council for ratification. A&T, Inc., is doing quite well and is anticipating sales of around \$45,000 in the next month or two.

**H. HAMPAC:** Members of the HAMPAC board were selected and the list of the board members was submitted to Council for approval. The board elects its own chairman.

**ACTION:**

**It was moved, seconded, and passed to approve the members of the HAMPAC Board.**

**I. Medical Services**

Fee Survey Committee: The Fee Survey Committee under chairman, **Dr. Kenneal Chun**, decided it will do a survey on the most common procedures to obtain historical data for conversion to CPT. The committee will obtain information concerning which insurers reimburse for what services.

**REPORTS OF COUNTY SOCIETY PRESIDENTS:**

**A. Honolulu:** **Dr. Henry Fong** reported on the December HCMS membership meeting which was well attended. The topic of the meeting was on estate planning and taxes. The membership meeting in January will be on HCMS directions for 1982, presented by **Dr. Thomas Cahill**; the second portion will be on PSRO, with speaker **Dr. Winfred Lee**. Flyers and notices will be mailed to all the membership prior to the meeting. Dr. Cahill explained that a special survey is being conducted concerning HCMS and the Hawaii Medical Library. When the results are tabulated, the information will be directed to the Society and the Library Board. Dr. Cahill also reported that meetings are still being held with HMSA to discuss mutual problems and also reimbursement policies. It seems HMSA does not change the code a physician may use on a claim, but HMSA does adjust the conversion. Consideration may be given to gathering information on several different companies to compare how much each may reimburse for various services. The premiums are basically the same but their reimbursement policies may be quite different. This will be given further study before implementing any type of action.

**B. Hawaii:** **Dr. Arch Wigle** reported that the Hawaii County Society is having their Christmas party and election of officers tonight. This is the third year in a row that the Hawaii County annual meeting is held on the same night as the HMA Council. Dr. Catts suggested that we will find out the dates of the AMA December meeting for 1982 and coordinate the HMA Council to try to avoid the conflict with the Hawaii County Society meeting for 1982. HMA will be notified the results of the election of officers from Hawaii County.

**C. Kauai:** Kauai County held their annual meeting and election; **Dr. John Newman** was elected president for 1982. Dr. Newman has been representative to the Council as councillor from Kauai; since that seat will be vacated now, a new councillor will be elected at their next society meeting and the information will be forwarded to HMA.

**D. Maui:** **Dr. Russell Stodd** reported that at the Maui County annual meeting **Dr. Michael Savona** was elected president for 1982. The program was on taxes and benefits; speakers included an accountant, attorney, and a broker. The Christmas party dinner will be held Saturday, December 12.

**E. West Hawaii:** **Drs. Ferren** and **MacInnes** were representing West Hawaii and reported

that the hospital situation has improved somewhat. The governor made a trip to Kona for a meeting with the hospital, and since that meeting Kona has started hiring agency nurses again. The hospital has opened more of the beds; however, there are still about 25-30% beds not yet opened. They have started doing surgery again, but not quite back on a normal schedule. The director of nursing will be retiring soon and that position will be very difficult to fill. The Kona physicians raised 2 questions to be presented to the Council: (1) Are there guidelines on how to handle staff applications by non-medical practitioners to the hospital, and (2) HMSA is co-signing a note for one of the medical groups in Kona to open a clinic. The question is: Is this standard practice and can HMSA do this? HMA does have some guidelines and policies concerning non-medical practitioners which they will send to Kona. HMSA is considered a mutual and fraternal benefit society, not a public utility or insurance company, and is not covered under the insurance laws of this state, although they still must make a report every 3 years to the insurance commission. As a private entity, they would be allowed to co-sign the note. It was advised that the physicians involved in the medical group considering opening this clinic proceed with caution.

**OTHER BUSINESS:**

**PSRO:** Dr. Catts received a request from PSRO to write a letter on behalf of HMA in support of PSRO to do private review for HMSA. A draft of a proposed letter to Mr. Al Yuen, PSRO, was reviewed. This letter reiterates the resolution presented to the HMA House of Delegates which was adopted. The resolution was to support the concept of a private, independent, physician-directed peer review organization of concurrent quality and utilization review.

**ACTION:**

**It was moved, seconded, and passed that the letter to Mr. Yuen as drafted be mailed in support of the concept of private, independent, physician-directed peer review.**

**Worker's Comp:** **Dr. Calvin Kam** reported that a meeting of the Workers' Compensation Committee had been held with a large attendance. One of the concerns was regarding chiropractors. There was interest expressed in having a meeting with some of the chiropractors who are very concerned about improving the image of the chiropractors. Council was asked if there would be any objections in holding the meeting in the HMA offices. The Council was pleased to be made aware of this concern and had no objections to holding the meeting here.

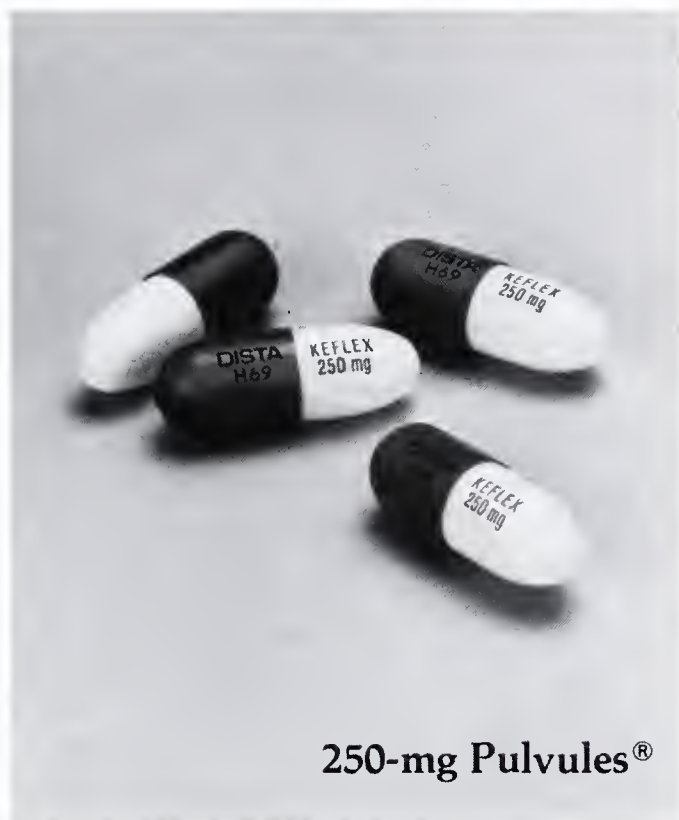
**Hawaii Medical Library:** Dr. Kam also reported that one of the members of the HCMS Board of Governors had suggested going to the legislature to seek possible funding for the library. The Council was very much opposed to having anyone go to the legislature, and felt the problems with the library are rather complex and these problems are being studied carefully through various means. If someone has questions on all that is involved with the library situation, they may be referred to **Dr. Wilkinson**, chairman of the Library Board, for details of the background of the library.

**ADJOURNMENT:**

The meeting adjourned at 7:30 p.m. The next Council meeting will be postponed from the scheduled date of January 8 to January 15, 1982.



# easy to take



**Keflex®**  
**cephalexin**

Additional information available  
to the profession on request.



Dista Products Company  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46285  
Mfd. by Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630

# Implementation of a Computer-Assisted Medical Record System in the Family Practice Office

Donald L. Farrell, M.D. and  
Robert M. Worth, M.D., Ph.D.

• *Advances in technology over the past decade have made microcomputers both readily available and affordable. Yet, they are rarely used in the family practice office, especially for functions other than billing. This study reports a successful 24-month field trial, in an HMO-based family practice residency program, of a low cost computer-assisted medical information system. This system provides a legible, retrievable computer-assisted medical record, and has additional capabilities of practice analysis and bookkeeping. The system is clinically useful and cost effective. It is adaptable for use in a small family practice office, as well as the large multispecialty group.*

Family physicians apparently do not differ from their colleagues of other specialties in their slowness to employ computer technology in their office practice. Over a decade ago, Weed called for the assistance of computers at every phase of medical action, stating that this was a matter of urgency.<sup>1</sup> Yet, despite vast improvements in both hardware and software over the past 10 years, and even with striking cost reductions in an inflationary economy, the use of computers in the family physician's office has been very slow to come about. Figures released by the American Academy of Family Physicians indicate that approximately 5% of U.S. physicians have computers in their offices, but only 2 to 3% use them for functions beyond billing.<sup>2</sup>

The earlier use of computers occurred in large medical centers or large group practices, and featured complex centralized systems. In these settings, the original focus was on employing the computer for pharmacy, labora-

tory, accounting and other administrative procedures, while attention to the computerized medical record lagged behind.

Collen at Kaiser Permanente, Oakland, was one of the pioneers in computerizing the record, with emphasis on automated health screening.<sup>3,4</sup> An ambitious community-wide medical and health information system has been implemented by the Indian Health Service for the Papago Indian Tribe.<sup>5</sup> A principal example of more recent emphasis on a complete ambulatory medical record is the CO-STAR system at the Harvard Community Health Plan.<sup>6</sup>

Most reports from family practice settings have been at large teaching programs that employ complex systems. Some notable examples are those by Newell et al at London, Ontario<sup>7</sup> and Braunstein et al at the Medical University of South Carolina.<sup>8</sup> Farley et al at the University of Rochester<sup>9</sup> described a unified data retrieval system for either manual or computer use.

Gilbert of the Straub Clinic, Honolulu,<sup>10</sup> has discussed the reluctance of internists to employ computers in their practices, and attributed it to the inherent complexity of the medical record and the questionable cost effectiveness of computers. One can only speculate that the same factors deter family physicians. A recent report by Zimmerman et al<sup>11</sup> helps clarify these issues and outlines the steps one should follow in deciding whether and how to use the computer in practice.

Described in this paper is a project to implement and field test a low cost computer-assisted medical records system that would be suitable for office use. It incorporates certain elements from each of the three pioneer systems described above.<sup>4,5,6</sup> The work was carried out in the setting of an HMO-based, university-sponsored family practice residency program. Goals of the project were to study the system's usefulness as a clinical tool and to evaluate its cost effectiveness.

---

Presented at the WONCA/AAFP World Conference on Family Medicine, October 7, 1980. From Kaiser Foundation Hospitals and the Department of Family Practice and Community Health, University of Hawaii, John A. Burns School of Medicine, Honolulu, Hawaii. Requests for reprints should be addressed to Donald L. Farrell, M.D., Department of Family Practice, Kaiser Foundation Hospitals, 1697 Ala Moana, Honolulu, Hawaii 96815.

## ACKNOWLEDGMENT

This project was made possible by funds donated by the Kaiser Family Foundation, Oakland, California, which were used for purchase of computer hard and software.

Accepted for publication January 1981.

## The Setting

The project was carried out at the Family Practice Center of Kaiser Foundation Hospital, Honolulu, the training site for the Kaiser-University of Hawaii Family Practice



Residency Program. Nine residents (3 per year-level), and 3 attending family physicians staffed the Center during the project period. Considering time spent at other duties by resident and attending physicians, this was the equivalent of 3.6 full-time physicians providing direct patient care.

Kaiser Foundation Hospital is the central facility in Hawaii for the Kaiser Permanente Medical Care Program, an HMO that features prepaid multispecialty group practice providing comprehensive care. Within this environment, the Family Practice Center (FPC) serves a panel of Plan members who "self-enroll" as family units: the FPC aims to provide them with complete and continuing care regardless of age, sex, or complaint. The multi-ethnic population served includes a balanced spectrum of ages, sexes, socio-economic status and medical problems.

This study implemented and field-tested the "Smart-Chart" Medical Record/Accounting System<sup>12</sup> which performs a variety of jobs suitable for the large multispecialty group or the small F.P. group. These include: producing a computer-assisted Problem-Oriented Medical Record (POMR), practice analysis and data retrieval, and book-keeping and billing (not applicable in our prepaid setting and not tested).

### **The Hardware**

The machine used was a DEC-LS1/2, having two disc drives and a capacity of 64,000 characters. Competitive brand minicomputers of comparable size and price (such as Radio Shack, Hewlett-Packard or IBM) could be used. Our equipment includes a microprocessor cathode with ray tube (CRT) and a printer. The equipment is compact, requires no special air-conditioning and easily fits into limited office space.

For data storage, inexpensive floppy discs were employed, 2 to 10 per physician. The programming language is Pascal, which offers the advantage of easy modification and easy portability among different kinds of hardware.

### **The Medical Record System**

The medical record produced is a hybrid one, stored partially on paper and partially in the computer. It features built-in redundancy and cross-indexing. Since the system is not computer-dependent, the paper record is available when the computer is down. On the other hand, should the paper record be unavailable, pertinent information, sufficient to manage most encounters is available instantly through the computer, either displayed on the CRT or print out.

Kaiser Permanente uses standard paper records bound in manila folders. They are stored in a central record room. Records include registration data, chronologic notes hand-written for each doctor visit (either by the primary physician or the consultant) plus consultation forms, lab, x-ray, and other reports such as correspondence.

In our project, these records were converted prospectively to the new hybrid format at the initiative of the physician. The only criterion for conversion was the likelihood that a particular patient would remain for continued care at the FPC. Conversion is a significant step requiring some circumspection, since the records are permanently

altered by rearrangement of the usual sequence, and by use of computer print-outs instead of handwritten entries.

Disposable encounter forms are used as input documents. After the physician writes his notes, the form is routed to the office assistant operating the computer. The machine types out a paper note which is placed in the chart and returned to the physician for proofreading and initialing. To facilitate the input process, several rubber stamp mini-protocols for common problems were designed and programmed. The protocols are stamped on the encounter form, and the physician makes a quick series of check marks. These are entered into the computer which prints out a note in narrative S-O-A-P format.

### **The Chronologic Encounter List**

The rearranged record presents an appearance quite different from the usual. Located on the left hand page as the folder is opened is the chronologic encounter list. This consists of a series of printout slips, size 3 1/2 x 7 1/2 inches, affixed in "shingles" fashion with the most recent encounter showing in front. The slips are so arranged that a two-line summary of each encounter is presented in the visible portion at the top of each slip. Information given here includes date, patient's name, age, plan number, department, and number(s) indicating the problems addressed at that visit. Zero (0) is used to designate short-term or minor problems not on the main problem list. For these, the text of the note is printed here in S-O-A-P fashion.

Numbers 1 through 8 denote visits for major problems and correspond to numbers used in the problem list and the problem specific section of the chart (as described below). For such numbered problems, the text of the visit is not printed here, in the chronologic list, but rather on slips placed in the body of the chart.

Depending on their length, approximately 10 to 16 visits can be displayed per page. It thus serves a dual function both as a "mini-problem" list and as an index to visits for all problems. A quick scan of this list provides the reader with a ready summary of the utilization patterns of this patient.

### **Registration Data**

Registration data are gathered and entered by the office staff and printed on a separate page placed under the chronologic visit record. Included are identification information health plan coverage, etc.

There is provision on the middle portion of the same page for family medical history displayed in "genetic tree" format. The lower portion is reserved for patient profile (past medical history, social history, habits, risk factors, etc.) Neither of these two features was used in this study.

### **Summary of Clinical Status**

The right hand front page presents a clinical summary including the major problem list at the top of the page, and the medication list at the central portion. At the lower third of the page, a summary of lab and physiologic data based on the most recent health appraisal may be printed. This was not included in our project because of the com-



plexity of the original format. It has now been reprogrammed so that this valuable information can be readily displayed.

### **The Problem List**

Up to 8 major problems may be listed. A review of this list provides the reader with a summary of the patient's health status, and also serves as a table of contents. Given for each problem is the date of onset, problem name, diagnostic code (we used the ICHPPC system)<sup>13</sup> space for comment or status, and a flag date for follow-up. Below the problem list is additional comment space that may be used for resolved or inactive problems.

Each problem number corresponds to a numbered section of the chart dedicated to that problem. Each reserved section contains the clinical notes for this problem, either in the form of print-outs generated by computer users, or as handwritten notes by specialists in other departments not using the computer. An advantage to the consultant is that he may regard this section of the chart as his own domain, shared only with the primary physician. This is particularly important in a multi-specialty group.

Again, the print-outs are arranged in "shingles" fashion, as described above. Flow charts, growth and development records, and other pertinent data may also be stored here. Numbered tabs across the bottom of the chart denote each reserved section. By flipping up the tabs, the reader finds a detailed chronologic record of the progress of that particular problem. About 10 to 16 notes are accommodated per page, depending on their length.

The physician may easily revise or update the problem list at any visit by simply writing any changes on the input document. This facilitates use of broad terminology when the problem is first identified, then upgrading the specificity of the diagnostic wording as more sophisticated insight into the problem is gained by further study.

### **Medication List**

A list of current medications is typed in the middle portion of the right front sheet. Included are problem number, name of the drug, dosage, and dates of starting and discontinuing the drug. As with the problem list, the physician may easily revise this list by simple changes written on the encounter form.

The final section of the chart is the old or preconverted record. Contained here are handwritten notes, lab and x-ray reports, EKG's, correspondence, etc. Physicians not using the computer system may write their notes here or in the reserved section as preferred. "Old" material is kept for medico-legal reasons. It may easily be converted to microfilm, if desired.

### **Information Recall Capability**

Sometimes the paper record is not available, as when the patient presents without an appointment, or there is delay in transmitting the record from storage. In these situations, information recalled by the computer and either displayed on the CRT or printed out will suffice for the clinician to handle most encounters. Recallable information includes registration data, family history, patient

profile, problem list, medication list, the lab, and physiologic summary, and the text of the most recent visit, plus a three-line summary of the encounter prior to that.

### **Practice Monitor Capabilities**

The system is capable of monitoring the practice in several ways depending on clinical, administrative or teaching needs.

The flag system permits the computer to print lists of patients due for follow-up visit this month, last month, or the month previous. Lists may be generated by diagnostic code and/or medication formulary code for audit or teaching purposes. The computer can also type problem distribution lists indicating the prevalence of problems in a physician's panel. In teaching departments this information assists the program director in assigning families to the trainee to build a balanced problem distribution, as reported in large scale analyses of the content of family practice, such as the Virginia Study of Marsland *et al.*<sup>14</sup>

### **Results of Field Test**

During the project period of 24 months, approximately 500 medical records were put into the system. Physicians in the department were free to use the system or not. Two attendings and 3 residents became more or less regular users. The other physicians in the department made at least occasional use of the system, as when seeing patients in the absence of the primary physician.

Typically, the regular users were physicians who were careful record keepers, already motivated to use the problem-oriented format. They noted many advantages, such as decreased writing time, especially with use of mini-protocols. They found the system easy to learn and use and were pleased with the continuously updated problem and medication lists. To them, compartmentalization of problems in reserved sections was a positive feature.

Non-users were critical of the rearranged chart order, finding it cumbersome to locate data buried in the "old" or chronologic portion of the record. As a rule, these same physicians were not convinced or dedicated users of the problem-oriented approach to patient management, believing that it tends to fragment rather than integrate care.

Education and conversion of specialists to use of the system was a problem. In-service presentations were given to staff members of other clinics and one-on-one explanations were made. A rubber stamp was used to imprint the following message after the last entry of the chronologic section: "This is an experimental POMR. Please write a problem-oriented note in the appropriate numbered section. Any other kind of note may be written here." Despite these efforts, old habits proved difficult to change and most consultants did not make consistent use of their reserved section of the chart.

The present limitation to 8 major problems (to be eliminated in future versions of the system) was not found to pose difficulties in clinical use. Although several preconverted charts listed 12 to 14 problems on the old fact sheet, it was possible in each case to compress these to 8 or less by transferring inactive problems to the extra comment space, eliminating redundancy and combining (or "lump-



ing") related problems into one (rather than "splitting").

The flag system proved an effective practice tool. Lists of overdue patients were printed early in the month for physicians' review. Delinquent patients were called and appointments arranged. Several times, such calls were met with the response, "how thoughtful of you to remember me and call."

Training of clinical staff to operate the system was readily accomplished. One advantage of this system is that no computer operator need be hired. The only qualifications required by office personnel are typing ability and interest. Training was done in on-the-job fashion by demonstration and word of mouth. It took about one week per person. A training manual was developed, but rarely used. The first person trained was the department secretary, who had no prior computer experience. She was placed in charge of training and supervision of other personnel, including 3 registered nurses and 2 clinical assistants (associate degree level). Thus, a pool of up to 6 trained operators was available for assignment to the computer by half days with enough leeway for scheduled time off and sick leave.

Toward the end of the field trial, average time to type a new registration or process a follow up visit was 3 minutes. Turn around time from physician to computer operator and back was one-half to one day. Most physicians found it beneficial to review and initial the printout, writing in additions or corrections as indicated; others found it burdensome to review work already done once.

### Cost Effectiveness

At the time of purchase (August 1978), the cost of the machine was \$16,000 and programming \$5,000, a total investment of \$21,000. Prorated over 5 years at 18% interest, monthly payments would be \$420, plus a service contract

charge of \$200, for a total cost of \$620 monthly. An equivalent system with 1980 costs would be \$490 per month.

In the fee-for-service office, the system would be used for bookkeeping and billing operations. If this work were hired out to a computer service bureau, the cost would be about \$450 to \$650 per month, equivalent to or greater than the cost of the system. Labor cost for time spent by office staff in computer operations would be equivalent or less than cost of transcription. The system is, therefore, cost effective if its use includes bookkeeping and billing operations, or if equivalent funds were committed to record transcription.

The pay off is in providing a legible problem-oriented medical record with information recall and practice monitor capacity.

### Summary and Conclusions

Over a 24-month period, a low-cost computer-assisted medical information system was successfully implemented and field tested in an HMO-based family practice residency program. This system uses a low-cost microprocessor and specially designed software.

Advantages and disadvantages are listed in Tables 1 and 2.

The system produces legible, organized, partially retrievable computer-assisted medical records, with additional capabilities of practice analysis and bookkeeping. It is clinically useful in the hands of motivated users, and cost effective within the limits described. It is suitable for use in a 3- to 5-physician office or, with modifications, in a large multispecialty group.

Inquiries about technical details may be directed to Real Share Inc., who market the system and give software support. Address: Real Share Inc., Pacific Trade Center, Suite 1990, Honolulu, Hawaii 96813.

Table 1

#### Advantages of "Smart Chart" System\*

1. Produces a legible computer assisted POMR
2. Not machine dependent
3. Recall capability
4. Practice analysis
5. Decreased writing time through use of miniprotocols
6. Cost effective (if fully utilized)
7. Adaptable to small or large group practice

\* As determined by 24-month field trial.

Table 2

#### Disadvantages of "Smart Chart" System\*

1. Requires alteration of charts
2. Variable acceptability: requires motivated users
3. Limit of 8 active/major problems (current version only)
4. Cost effectiveness depends on:  
Use for booking - billing and/or  
Equivalent transcription expense

\* As determined by 24-month field trial.

### REFERENCES

1. Weed LL: Medical Records, Medical education and patient care. Chicago. Year Book Medical Publishers. 1969. Pages 109-122; 282-289.
2. Computers in Family Practice (draft). The report of the Commission on health care services, AAFP Congress of Delegates Handbook, Appendix C, 331. Kansas City 1980.
3. Collen MF et al: Automated multiphasic screening and diagnosis. Amer J Public Health, 54: 741-750, 1964.
4. Dales LG, Friedman GF, Collen MF: Evaluating periodic multiphasic health checkups: A controlled trial. J. of Chronic Diseases. 32 (5): 385-404, 1979.
5. Brown VB, Mason WB, Kaczmarek M: A computerized health information service: Nursing Outlook, 19: 158-161, 1971.
6. Barnett GO: Computer stored ambulatory record (COSTAR) NCHSR Research Digest, HRA, U.S. Department HEW: 76-3145, 1976.
7. Newell JP, Bass MJ, Dickie GL: An information system for family practice. Part I: Defining the practice population. J Fam Pract 3(5): 517-520, 1976.
8. Baunstein ML, Schuman SH, Curry HB: An on-line clinical information system in family practice. J Fam Pract. 2:6 Pages 617-625, 1977.
9. Farley ES, Treat DF, Froom J et al: An integrated medical record and data system for primary care: Introduction. J Fam Pract 4(5): 950, 1977.
10. Gilbert FI: The ups and downs of computers. The Internist 21(3), 8-9, 1980.
11. Zimmerman J, Bokerman SB, Rector AL: Are mini-computers appropriate for your practice? JAMA 242: 1887-1890, 1979.
12. Worth RM: An integrated computer-assisted medical record and billing system. Medical Group Management, May/June 1978, 45-50.
13. WONCA Classification Committee: International classification of health problems in primary care. Chicago, American Hospital Association, 1975.
14. Marsland DW, Wood M, Mayo F: A data bank for patient care, curriculum and research in family practice: 526, 196 patient problems. J Fam Pract 3: 25, 1976.

# Candidates for nutritional therapy...

**10,000,000**

**alcoholics.** Ethanol may produce many effects that together bring about nutritional deficiencies, so that alcoholism affects nutrition at many levels.<sup>1</sup>

**25,500,000 geriatric**

**patients.** The older patient may have some disorder or socioeconomic problem that can undermine good nutrition.<sup>2</sup>

**23,500,000 surgical**

**patients.** Nutritional status can be compromised by the trauma of surgery; and some operations interfere with the ingestion, digestion and absorption of food.<sup>3</sup>



**Before prescribing, please consult complete product information, a summary of which follows:**

Each Berocca® Plus tablet contains 5000 IU vitamin A (as vitamin A acetate), 30 IU vitamin E (as *dl*-alpha tocopheryl acetate), 500 mg vitamin C (ascorbic acid), 20 mg vitamin B<sub>1</sub> (as thiamine mononitrate), 20 mg vitamin B<sub>2</sub> (riboflavin), 100 mg niacin (as niacinamide), 25 mg vitamin B<sub>6</sub> (as pyridoxine HCl), 0.15 mg biotin, 25 mg pantothenic acid (as calcium pantothenate), 0.8 mg folic acid, 50 mcg vitamin B<sub>12</sub> (cyanocobalamin), 27 mg iron (as ferrous fumarate), 0.1 mg chromium (as chromium nitrate), 50 mg magnesium (as magnesium oxide), 5 mg manganese (as manganese dioxide), 3 mg copper (as cupric oxide), 22.5 mg zinc (as zinc oxide).

**Indications:** Prophylactic or therapeutic nutritional supplementation in physiologically stressful conditions, including conditions causing depletion, or reduced absorption or bioavailability of essential vitamins and minerals; certain conditions resulting from severe B-vitamin or ascorbic acid deficiency; or conditions resulting in increased needs for essential vitamins and minerals.

**Contraindications:** Hypersensitivity to any component.

**Warnings:** Not for pernicious anemia or other megaloblastic anemias where vitamin B<sub>12</sub> is deficient. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with vitamin B<sub>12</sub> deficiency who receive supplemental folic acid and who are inade-

quately treated with B<sub>12</sub>.

**Precautions: General:** Certain conditions may require additional nutritional supplementation. During pregnancy, supplementation with vitamin D and calcium may be required. Not intended for treatment of severe specific deficiencies. **Information for the Patient:** Toxic reactions have been reported with injudicious use of certain vitamins and minerals. Urge patients to follow specific dosage instructions. Keep out of reach of children. **Drug and Treatment Interactions:** As little as 5 mg pyridoxine daily can decrease the efficacy of levodopa in the treatment of parkinsonism. Not recommended for patients undergoing such therapy.

**Adverse Reactions:** Adverse reactions have been reported with specific vitamins and



**5,000,000 hospital patients with infections.**<sup>4</sup> Many are anorectic and may have a markedly reduced food intake. Supplements are often provided as a prudent measure because the vitamin status of critically ill patients cannot be readily determined.<sup>3</sup>

**The incalculable millions on calorie-reduced diets.** Patients ingesting 1000 or fewer calories per day could be at high risk because this intake may not supply most nutrients in adequate amounts without supplementation.<sup>5</sup>



## **Berocca Plus**

A balanced formula for prophylactic or therapeutic nutritional supplementation.

Berocca Plus Tablets provide: therapeutic levels of ascorbic acid and B-complex vitamins; supplemental levels of biotin, vitamins A and E, and five important minerals (iron, chromium, manganese, copper and zinc); plus magnesium. Berocca Plus is not intended for the treatment of specific vitamin and/or mineral deficiencies.

**Berocca Plus,** highly acceptable to

patients, has virtually no odor or aftertaste and is economical. And its "Rx only" status means more physician involvement, better patient compliance.

**References:** 1. Shaw S, Lieber CS: Nutrition and alcoholism, chap. 40, in *Modern Nutrition in Health and Disease*, edited by Goodhart RS, Shils ME. Philadelphia, Lea & Febiger, 1980, pp. 1220, 1237. 2. Watkin DM: Nutrition for the aging and the aged, chap. 28, in *Modern Nutrition in Health and Disease*, op. cit., p. 781. 3. Shils ME, Randall HT: Diet and nutrition in the care of the surgical patient, chap. 36, in *Modern Nutrition in Health and Disease*, op. cit., pp. 1084, 1089, 1114. 4. Dixon RE: *Ann Intern Med* 89 (Part 2): 749-753, Nov 1978. 5. Committee on Dietary Allowances, National Research Council: Recommended Dietary Allowances, ed 9. Washington, National Academy of Sciences, 1980, p. 13.

minerals, but generally at levels substantially higher than those in Berocca Plus. However, allergic and idiosyncratic reactions are possible at lower levels. Iron, even at the usual recommended levels, has been associated with gastrointestinal intolerance in some patients.

**Dosage and Administration:** Usual adult dosage: one tablet daily. Not recommended for children. Available on prescription only.

**How Supplied:** Golden yellow, capsule-shaped tablets—bottles of 100.

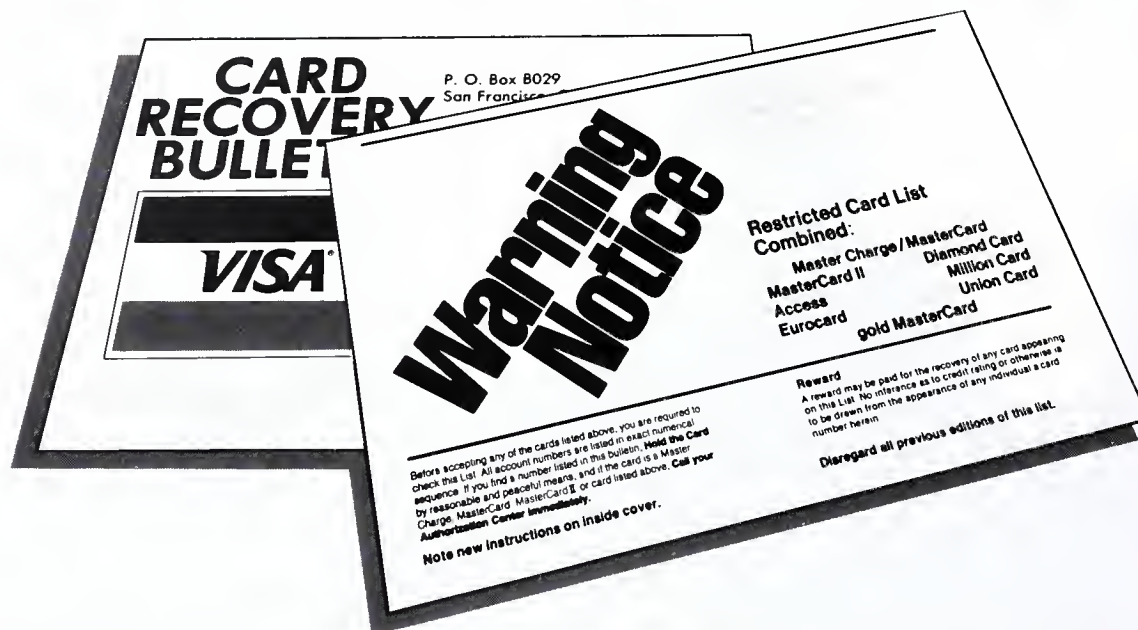
ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

# candidates for

Rx ONLY **Berocca® Plus** TABLETS

THE MULTIVITAMIN/MINERAL FORMULATION

# Warning: Using These Free Books Could Really Be Costing You Money.



## Reduce returned items with the new Bankoh M.A.P.

Returned items cost you money. Even using these printed warning bulletins doesn't eliminate the risk of making mistakes that can result in returned items. That's one expense you don't need.

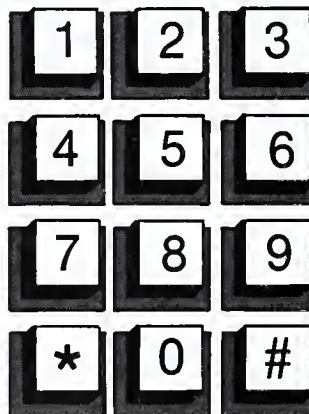
Bank of Hawaii can help. Presenting the new Bankoh Merchant Authorization Program (Bankoh M.A.P.). It's the electronic system for:

- authorization of VISA® and MasterCard™ transactions
- verification of Bank of Hawaii checks

It's a system that can save you money. To use Bankoh M.A.P. you need to become a Bank of Hawaii merchant, and have a touchtone telephone.

**Calls are quicker.** Because Bankoh M.A.P. is completely computerized, an authorization call usually takes no more than 30 seconds.

**No more struggling with the Warning Bulletin.** Bankoh M.A.P. has its own built-in electronic "warning



bulletin." It's the only system that does. So your sales people will never struggle with—or even worse, ignore—those hard-to-read printed bulletins again.

**You'll save money, and reduce your risk.** Even when they're under your floor limit, returned items cost you money. Calling on every transaction seems like a lot of bother, but because Bankoh M.A.P. is so fast and easy, now your sales people can call on all transactions, save time and money, and reduce the risk of returned items.

**It simplifies training...** Teaching your people to use the system is easy, so Bankoh M.A.P. saves you training time.

**...and improves customer service.** Because just a single Bankoh M.A.P. call takes care of authorizing each transaction, it saves your customer's time, too.

So give us a call at 526-7720. After all, there's no reason why you shouldn't have this fast and easy-to-use electronic authorization system for your business.

**h Bank of Hawaii**  
We've got winning ways.

YOUR FULL SERVICE BANK  
MEMBER FDIC





## Continuing Medical Education

### CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

#### LOCAL ACCREDITED PROGRAMS

##### ONGOING

##### American Cancer Society, Hawaii Division

1. Telephone Task Force w/G.N. Wilcox Memorial Hospital, First Thursday, 12:45 p.m. and Fourth Tues. 12:30 p.m. w/Maui Mem. Hsp. Held on Oahu at Am. Cancer Society main conf. room, 200 N. Vineyard, Honolulu.

##### John A. Burns School of Medicine

1. Dept. of Medicine
  - A. Case Conferences, Second and Fourth Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - B. Grand Rounds, First and Third Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - C. Endocrinology Grand Rounds, Second Thursday, 5:30-6:30 p.m., Queen's University Tower, Room 506.
  - D. UH-Queen's Conference, Fridays, 8:00-9:00 a.m., Queen's Medical Center, Mabel Smythe Auditorium.
  - E. Cardiology Grand Rounds, First and Third Tuesdays, 5:30-6:30 p.m., Queen's University Tower, Room 508.
  - F. Infectious Disease Grand Rounds, Second and Fourth Tuesdays, 5:00-6:00 p.m., Queen's Nalani I Conference Room.
  - G. Dermatology Grand Rounds, Second Wednesday, 7:30-9:30 a.m., Queen's Medical Center, Queen Emma Clinic.
  - H. Pulmonary Grand Rounds, Fourth Wednesday, 4:30-5:30 p.m., Queen's Medical Center, Kamehameha Auditorium.
  - I. Nuclear Medicine Grand Rounds, Third Wednesday, 5:00-6:15 p.m., Straub Hospital, Doctors' Dining Room.
  - J. Medical-Surgical GI Grand Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Hospital, PB4 Classroom.
2. Dept. of Obstetrics and Gynecology
  - A. Grand Rounds, Wednesdays, 7:30-8:30 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
3. Division of Orthopedics
  - A. Fracture Conference, Mondays, 5:00-6:00 p.m., Queen's University Tower, Room 618.
  - B. Shriner's Hospital Conference, Tuesdays, 7:15-9:00 a.m., Shriner's Hospital.
4. Dept. of Pediatrics
  - A. Grand Rounds, Thursdays, 8:00-9:00 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - B. Pediatric Monday Noon Conference, Mondays, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - C. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., Kapiolani-Children's Medical Center, Conference Room B.
  - D. Perinatal Grand Rounds, Fridays, 8:15-9:15 p.m., Kapiolani-Children's Medical Center, Conference Room B.
5. Dept. of Psychiatry
  - A. Grand Rounds, Fridays, 8:00-9:30 a.m., Queen's University Tower, Room 618.
6. Dept. of Surgery
  - A. Grand Rounds, First, Second, and Third Saturdays, 7:30-9:00 a.m., rotating hospitals.
  - B. Statistical M and M, last Saturday, 7:30-9:00 a.m., rotating hospitals.
  - C. Journal Club, First and Third Tuesdays, 6:00-8:00 p.m., Queen's University Tower, Room 620.
  - D. Medical-Surgical GI Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Medical Center, PB4 Classroom.
  - E. Pediatric Surgical Grand Rounds, First Friday, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
7. Dept. of Family Practice
  - A. Conference, Fourth Wednesday, 1:00-2:00 p.m., Kapiolani-

Children's Medical Center, Second Floor Auditorium, Executive Dining Room.

8. Dept. of Family Practice
  - A. Conf., Wednesdays, 8:00-9:00 a.m., Kaiser 4th Floor Conf. Room.
  - B. Conf., Thursdays, 12:00-1:00 p.m., Kaiser 4th Floor Conf. Room.
9. Dept. of Physiology
  - A. Dept. Conf., Wednesday, 4:30-5:30 p.m., BioMed T-210.
10. University of Hawaii, John A. Burns School of Medicine Grand Rounds, Third Thursday, 4:30-6:00 p.m., Queen's University Tower, Room 618 or BioMed Building.
11. HI Oncology Group, one Monday a month, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala St., 4th Floor Conference Room.
12. HI Oncology Group, usually Third Monday bimonthly, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala Street, Fourth Floor Conference Room.

##### Federation of Emergency Medicine-Maui

1. **Cardiology for the Emergency Physician.** Every Monday, 9:00-10:00 a.m.-Maui Memorial Hsp. Conf. Rm #1. (For spec. topics or further info contact: Federation Office (808) 244-7629, or Dr. C.T. Mitchell, (808) 244-9056.
2. **Journal Club in Emerg. Medicine.** 2 hrs. Cat. 1. MMH Conf. Rm. #1. 9:00-11:00 a.m.

##### Hawaii Thoracic Society

1. Pulmonary Med., Clinical case presentations & current research in pul. med. with U of H Sinclair Chest Club, Third or Fourth Wednesdays, each month, 7:30 a.m.-9:30 p.m. For further info contact: Rosemary Respcio, B.S.N. at (808) 537-5966.

##### Hickam Clinic

1. Clinical Correlation Conference, First Thursday, 11:00 a.m.
2. Didactic—our staff, Second Thursday, 11:00 a.m.
3. Didactic Visiting Lecturer, Third Thursday, 11:00 a.m.
4. Radiology Conference, Fourth Thursday, 11:00 a.m. (Contact Aurora Macapinlac, M.D., M.C., 449-5770)

##### Hilo Hospital

1. Orthopedic Conference, First Tuesday, 12:30-1:30 p.m.
2. NCME (ETV), Thursdays, 12:30-1:30 p.m., Saturdays, 7:00-8:00 a.m. (repeat); not held on long (holiday) weekends.
3. Radiology Case Presentations, Second Wednesday, 12:30-1:30 p.m.
4. Clinical Pharmacology, Third Friday, 12:30-1:30 p.m.
5. C.P.C., Second Friday, 12:30-1:30 p.m.
6. Visiting Professor's Program

##### Kaiser Hospital

1. Medicine Grand Rounds, Every Tuesday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  2. Tumor Board, Every Tuesday, 12:00 noon. Pac. Aud. 1 hr. Cat. 1.
  3. OB/Ped. Perinatal Mortality Conference, Last Tuesday, each month, 8:00 a.m. 1 hr. Cat. 1.
  4. Surg. Grand Rounds, Every Friday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  5. Saturday Morning Educational Conference, Every Saturday, 7:30 a.m. Pac. Aud. 1 hr. Cat. 1.
- (Contact CME Dept.-Kaiser for further information)

##### Kapiolani-Children's Medical Center

1. Pediatric Grand Rounds, Every Thursday, 8:00-9:00 a.m., Aud.
2. Pediatric Conference, Mondays, 12:45-1:45 p.m., 2nd Floor Aud.
3. Neonatal Grand Rounds, Friday, 8:00-9:00 a.m., Conference Room B.
4. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., 3rd Floor Conf. Rm.
5. Ob-Gyn Conference, Tuesday, 1:00-2:00 p.m., Aud.
  - First—Didactic Presentation
  - Second—Perinatal-Neonatal Topics
  - Third—Obstetrics Topics
  - Fourth—Gyn Topics
6. Tumor Board, Oncology Conference, First and Third Friday, 1:00-2:00 p.m., Aud.

##### Kuakini Medical Center

1. Department of Ophthalmology Mtg., First Tuesday, 12:30-1:30 p.m.
2. Department of Medicine Mtg. (Statistical), Fourth Tuesday, 1:00-2:00 p.m.
3. G.I. Conference, First Tuesday, 8:00-9:00 a.m.
4. Nephrology Conference, First Wednesday, 8:00-9:00 a.m.
5. Oncology Conference, Every Thursday, 7:30-8:30 a.m.
6. Pulmonary Conference, First Thursday, 1:00-2:00 p.m.
7. Surgical Conference, First & Second Friday, 12:45-1:45 p.m.
8. Surgical M&M Conference, Fourth Friday, 12:45-1:45 p.m.
9. Department of Medicine Evening Mtg., Second Tuesday, 5:30-7:00 p.m.
10. Visiting Professor Program (for further info contact CME Dept. 547-9226 as these programs may be subject to change.)

### Maui Memorial Hospital

1. Thursday Conference, 7:00-8:00 a.m., Staff Dining Room.  
First—Dept. of Medicine  
Second—Dept. of Surgery  
Third—Dept. of OB/GYN  
Fourth—Dept. of Pediatrics  
Fifth—Elective
2. Tumor Board, Every Monday, 12:15-1:15 p.m.—Tumor Conference Telephone Task Force—Third Tuesday, 12:15-1:15 p.m.
3. Dept. of Emergency Medicine, Third Monday, 7:00-8:00 a.m.
4. Diagnostic Radiology, Fourth Tuesday, 12:00-1:00 p.m.
5. SFH-UH Hematology Conf., Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

### Hawaii Ophthalmological Society

1. Monthly dinner meeting, Third Thursday of each month. Contact: Dr. A. Kunitomo, (808) 941-2208.

### The Queen's Medical Center

1. ENT Conferences, First and Second Fridays, 7:30 a.m., Small Dining Room.
2. Medical Conferences, Every Friday, 8:00 a.m., Kam Auditorium.
3. Ob/Gyn Conferences, Second and Fourth Mondays, 1:00 p.m., Kam Auditorium.
4. Ophthalmology Conference, Fourth Tuesday, 5:00 p.m., Queen Emma Eye Clinic.
5. Orthopedic Conferences, Every Wednesday, 7:00 a.m., Kam Auditorium.
6. Pathology Conferences, Every Wednesday, 7:30 a.m., Surgical Conference Room.
7. Pediatric Grand Rounds, Fourth Thursday, 12:30 p.m., Nalani I Conference Room.
8. Surgical Trauma Conference, Second Tuesday, 4:30 p.m., Kam Auditorium.
9. Basic Science Lectures, Every Wednesday, 7:15 a.m., Queen's University Tower, Room 618.

### St. Francis Hospital

1. SFH-UH Tumor Conference, Every Monday, 7:30 a.m., Sullivan-4 Classroom.
2. SFH-UH Nephrology Conference, First Monday, 1:00 p.m., Sullivan-4 Classroom.
3. SFH-UH Endocrine Conference, Last Monday, 12:30 p.m., Sullivan-4 Classroom.
4. EENT Meeting, First Tuesday, 7:00 a.m., Sullivan-4 Classroom.
5. SFH-UH Hematology Conference, Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

### Straub Clinic & Hospital

1. Straub Professional Seminar meets the Second Tuesday of each month from 5:00-6:30 p.m. in the Credit Union Meeting Room (2nd Floor, Credit Union Bldg.)
2. Surgical Mortality and Morbidity Conference meets every Fourth Thursday of each month, from 7:00-8:00 a.m. in the Doctors' Dining Room.
3. Cardiac Surgery Conference meets the Third Tuesday of each month from 4:30-5:30 p.m. in the Doctors' Dining Room.
4. Department of Anesthesiology meets the Second Tuesday of each month from 7:00-8:00 p.m. in the Doctors' Dining Room.
5. Community Peripheral Vascular Conference meets the Fourth Thursday of each month from 5:00-6:30 p.m. in the Doctors' Dining Room.
6. Visiting Professor Program meets monthly from 7:00-8:00 a.m. in the Doctors' Dining Room.
7. Urology Inservice meets every other month on the Third Friday from 8:00-9:00 a.m. in the Doctors' Dining Room.
8. Neuropathology Clinical Correlation Conference meets the Third Thursday of each month from 7:30-8:30 a.m. in the Straub Morgue.
9. OB-GYN Pathology meets every Fourth Monday of each month from 12:30-1:30 p.m. in the Administration Conference Room (ACR).
10. Urologic Pathology meets every First Monday of each month from 8:00-9:00 a.m. in the Doctors' Dining Room.
11. Friday Noon Conference meets Every Friday of each month from 12:30-1:30 p.m. in the Doctors' Dining Room.

\*Note: All conferences are subject to change. Monthly calendar will be available upon request.

### Wahiawa General Hospital

1. Noon Seminars, Every Tuesday

### Wilcox Hospital (Lihue)

1. General Medical Staff Meeting, Quarterly in January, April, July & October.
2. Clinical Review Meeting, Alternate Mondays at noon.
3. Tumor Conference, First Thursday.

### Miscellaneous

HMA Maternal and Perinatal Mortality Study Committee, First Monday each month - 5:30 p.m. 320 Ward Ave., S 200.  
Cat. 1 on hr. for hr. basis.

### SPECIAL EVENTS

March 8-12, 1982 Northwestern Univ. Sports Med. Course, Northwestern Univ. Med. Sch. Ctr. for Sports Med., 303 E. Chicago Ave., Ill. 60611 At: Maui, 25 hrs.

March 15-19, 1982 Univ. of Hawaii Sports Med. Course, Box CED-CCECS, 2530 Dole St., Honolulu, Hawaii 96822. At: Princess Kaiulani Hotel, Waikiki, 18 hrs.

March 17-19, 1982 Gen. Pediatrics., Am. Acad. of Pediatrics, 1801 Hinman Ave., Evanston, Ill. 60204. At: Royal Lahaina Resort Maui, 15 hrs.

March 29-April 2, 1982 Current Concepts in Ob-Gyn, UH John A. Burns School of Medicine, 1960 East-West Road, Honolulu, Hawaii 96822. At: Ilikai Hotel, Honolulu, 20 hrs.

April 3-10, 1982 Topics in Family Prac., U. of Wash. Sch. of Med., SC-50, Seattle, Wash. 98195. At: Hawaii, 8 days.

April 10-17, 1982 Pediatric Emergencies, UC San Diego, Sch. of Med., Off. of Cont. Ed., M-017, La Jolla, Calif. 92093. At: Kauai.

April 18-22, 1982 Winter Symp. Am. Coll. of Emergency Phys., Box 61911, Dallas, Texas 75261. At: Marriott's Resort, Kaanapali Beach, Maui, 22 hrs.

April 19, 1982 Diagnostic & Therapeutic Skills in Internal Med., USC Sch. of Med., Postgrad Div. 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 30 hrs.

April 25-29, 1982 Am. Assn. of Neurological Surgs. Ann. Mtg., 625 N. Michigan Ave., Chicago, Ill. 60611. At: Sheraton-Waikiki, Honolulu, 40 hrs.

June 19-26, 1982 Fourth Ann. Med. Imaging in Hawaii, Am. Coll. of Med. Imaging, Box 27188, Los Angeles, Calif. 90027. At: Hyatt Regency Hotel, Maui, 24 hrs.

July 13-17, 1982 Metabolic Course, USC Sch. of Med. Postgrad Div., 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 25 hrs.

July 17-24, 1982 Cardiovascular Med. & Surg. An Adv. Course, Stanford Univ. Sch. of Med., Stanford, Calif. 94305. At: Mauna Kea Beach Hotel, Kamuela, 22 hrs.

Aug. 16-20, 1982 Univ. of Hawaii Sports Med. Course, Box CED-CCECS, 2530 Dole St., Honolulu, Hawaii 96822. At: Princess Kaiulani Hotel, Waikiki, 18 hrs.

### OUT OF STATE

For information on any out-of-state programs or courses, refer to August 4, 1981, Special Issue of JAMA or call HMA Office.





# EXPLORE THE POSSIBILITIES

7th Annual

## Hawaii OFFICE PRODUCTS Exposition

WEDNESDAY & THURSDAY

MAY 12 & 13

9:00 A.M. to 7:00 P.M.

Neal S. Blaisdell  
Exhibition Hall



Sponsored by



PACIFIC  
**BUSINESS**  
NEWS

# DRAMATIC NEW CLINICAL PROOF\*

**In the treatment of impetigo—**

- **100% cure rate with Tegopen® (cloxacillin sodium)**
- **only a 60% cure rate with penicillin V-K**



**As seen on admission**



**After one week of penicillin V-K therapy**



**Two weeks after initiation of TEGOPEN therapy**

Treatment failure was judged to have occurred when lesions increased in size and/or number during the initial week of treatment with penicillin V-K. No treatment failures occurred with Tegopen.

\*Data on file, Bristol Laboratories.

## Brief Summary of Prescribing Information

**TEGOPEN®**  
(cloxacillin sodium)  
Capsules and Oral Solution

For complete information, consult Official Package Circular

(12) 9/11/75

### INDICATIONS:

Although the principal indication for cloxacillin sodium is in the treatment of infections due to penicillinase-producing staphylococci, it may be used to initiate therapy in such patients in whom a staphylococcal infection is suspected. (See Important Note below.)

Bacteriologic studies to determine the causative organisms and their sensitivity to cloxacillin sodium should be performed.

### IMPORTANT NOTE

When it is judged necessary that treatment be initiated before definitive culture and sensitivity results are known, the choice of cloxacillin sodium should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semi-synthetic penicillin.

Recent studies have reported that the percentage of staphylococcal isolates resistant to penicillin G outside the hospital is increasing, approximating the high percentage of resistant staphylococcal isolates found in the hospital. For this reason, it is recommended that a penicillinase-resistant penicillin be used as initial therapy for any suspected staphylococcal infection until culture and sensitivity results are known.

Cloxacillin sodium is a compound that acts through a mechanism similar to that of methicillin against penicillin G-resistant staphylococci. Strains of staphylococci resistant to methicillin have existed in nature and it is known that the number of these strains reported has been increasing. Such strains of staphylococci have been capable of producing serious disease, in some instances resulting in fatality. Because of this, there is concern that widespread use of the penicillinase-resistant penicillins may result in the appearance of an increasing number of staphylococcal strains which are resistant to these penicillins.

Methicillin-resistant strains are almost always resistant to all other penicillinase-resistant penicillins (cross-resistance with cephalosporin derivatives also occurs frequently). Resistance to any penicillinase-resistant penicillin should be interpreted as evidence of clinical resistance to all, in spite of the fact that minor variations in *in vitro* sensitivity may be encountered when more than one penicillinase-resistant penicillin is tested against the same strain of staphylococcus.

### CONTRAINDICATIONS:

A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.



**RESULTS OF ORAL THERAPY** revealed a high percentage of treatment failures with penicillin V potassium, but *no* failures with Tegopen.

		Given Tegopen® (cloxacillin sodium)	Given penicillin V-K
<i>Staphylococcus aureus</i>	(78 patients)	39	39
Returned to clinic at one week		29†	38†
Treatment failure at one week		0	18 (47.4%)
<i>Staphylococcus aureus</i> and <i>Streptococcus pyogenes</i>	(9 patients)	4	5
Returned to clinic at one week		4	5
Treatment failure at one week		0	2 (40%)
No initial bacterial growth	(14 patients)	9	5
All 14 healed, regardless of which antibiotic was administered.			
Beta-hemolytic <i>Streptococcus</i>	(1 patient)	0	1
<b>TOTALS:</b>	<b>102 patients</b>	<b>52 patients</b>	<b>50 patients</b>

†Eleven patients did not return for their one-week checkup. These were all called by telephone, and their families reported

the lesions had healed. One patient was dropped from the study, early, because of adverse reaction to medication.

## STUDY: DESCRIPTION/PROTOCOL

- 102 nonselected subjects, with initial bacteriology as follows: 77% *Staphylococcus aureus*, 9% mixed *Staphylococcus aureus* and *Streptococcus pyogenes*, and 1% beta-hemolytic *Streptococcus*.†
- All patients were given randomized therapy—Tegopen capsules or oral solution, or penicillin V-K tablets or oral solution, in recommended dosages according to body weight.

- All patients were evaluated after one week's therapy. If there was no improvement, therapy was switched to the other antibiotic. The "other antibiotic" proved to be Tegopen 100% of the time because no treatment failures had occurred with Tegopen.
- A final assessment of progress was made two weeks after initiation of Tegopen therapy.

†The remainder, to equal 100%, consisted of 14 patients (13%) who exhibited no initial bacterial growth. These 14 were all healed, whether given Tegopen or penicillin V-K.

# TEGOPEN®

(cloxacillin sodium)

## -effective therapy for staph infections of the skin and skin structures

### WARNING:

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., pressor amines, antihistamines, and corticosteroids.

Safety for use in pregnancy has not been established.

### PRECAUTIONS:

The possibility of the occurrence of superinfections with mycotic organisms or other pathogens should be kept in mind when using this compound, as with other antibiotics. If superinfection occurs during therapy, appropriate measures should be taken.

As with any potent drug, periodic assessment of organ system function, including renal, hepatic, and hematopoietic, should be made during long-term therapy.

### ADVERSE REACTIONS:

Gastrointestinal disturbances, such as nausea, epigastric discomfort, flatulence, and loose

stools, have been noted by some patients. Mildly elevated SGOT levels (less than 100 units) have been reported in a few patients for whom pretherapeutic determinations were not made. Skin rashes and allergic symptoms, including wheezing and sneezing, have occasionally been encountered. Eosinophilia, with or without overt allergic manifestations, has been noted in some patients during therapy.

### USUAL DOSAGE:

Adults: 250 mg. q. 6h.

Children: 50 mg./Kg./day in equally divided doses q. 6h. Children weighing more than 20 Kg should be given the adult dose. Administer on empty stomach for maximum absorption.

**N.B.** INFECTIONS CAUSED BY GROUP A BETA-HEMOLYTIC STREPTOCOCCI SHOULD BE TREATED FOR AT LEAST 10 DAYS TO HELP PREVENT THE OCCURRENCE OF ACUTE RHEUMATIC FEVER OR ACUTE GLOMERULONEPHRITIS.

### SUPPLIED:

Capsules—250 mg. in bottles of 100. 500 mg. in bottles of 100.  
Oral Solution—125 mg./5 ml. in 100 ml. and 200 ml. bottles.

**BRISTOL®**

Bristol Laboratories  
Division of Bristol-Myers Company  
Syracuse, New York 13201

Copyright © 1981, Bristol Laboratories

# Leasing Isn't What It Used To Be.



New tax laws have increased both the Investment Tax Credit and depreciation benefits available through leasing. That means many lease rates are now lower than ever.

In addition, these new laws have made the structuring of leases much more flexible. Now you can negotiate a fixed purchase option, for instance, and still write off the entire lease payment as a business expense.

At Bancorp Leasing we have the expertise to put these expanded tax advantages to work for you, and we can structure a lease that suits your needs perfectly.

Now that leasing is better than ever, you need Bancorp Leasing more than ever.

Give us a call at 537-8811.

**h**  
**Bancorp Leasing  
of Hawaii**

A subsidiary of Bancorp Hawaii, Inc.  
and an affiliate of Bank of Hawaii.

# It's Better.







The Hawaii County Auxiliary leads all of Hawaii's counties in successful fund raising for AMA-ERF, which provides loans to medical students, awards to medical schools and funds for medical research.

### Gourmet Luncheon to Celebrate Doctors' Day

A gourmet potluck luncheon will be held by the Hawaii County Auxiliary to honor their "favorite doctors." **Betty Ghosh** will organize this event, planned for Tuesday, March 9.

\* \* \*

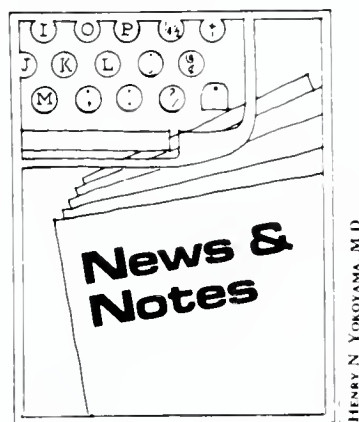
### Important Dates for Your Calendar

May 20, 1982 —

HMAA Convention — time and place to be announced soon.

AMAA Convention — June 13-16 1982. Many interesting programs are planned, including a special 60th anniversary celebration at a champagne brunch on Monday, June 14.

Headquarters for the AMAA convention will be the Drake Hotel in Chicago. Any Auxiliary members planning to attend please notify Auxiliary secretary, Irene Kodani, at the Auxiliary office (536-7702). Incoming State President **Carol McNamee** is seeking two delegates and two alternates to represent Hawaii.



HENRY N. YOKOYAMA, M.D.

### Health Statistics . . .

A 12-month study by the Department of Health and Human Services' National Center for Health Services Research examined the health care habits and insurance coverage of 37,000 people in 1977 and 1978. The study showed that 12.6% of all civilian Americans or about 26.6 million people have no health insurance. Office visits were most expensive in the West where the mean price was \$28.01 and least expensive in the North Central states where the same visit was \$18.08. The average waiting time for a doctor's appointment was seven days and the patient waited an average of 29 minutes to see the doctor. Those waiting in emergency rooms waited an average 36 minutes and in hospital outpatient departments, 45 minutes . . . A recent federal survey shows that medical care costs jumped 15.2% last year.

Graham Ward, coordinator of the National High Blood Pressure Education Program of the National Heart, Lung and Blood Institute, raised the blood pressures of many more millions of Americans who had assumed that

hypertension started with a diastolic of 90. Graham says that numerous studies show that the risk of heart disease, stroke and kidney disease begins with a diastolic pressure of 80. The proposal is being considered by a subcommittee of the National High Blood Pressure Coordinating Committee . . . Fortunately medical authorities are very uncertain about the need for therapy in the range of 80 to 89 diastolic . . .

\* \* \*

Grandma was a bit shaken when her 10-year-old grandson suddenly asked, "Popo, where did I come from?" She quickly collected her thoughts and replied, "Kimo, a stork brought you from heaven . . ." Kimo puzzled a bit over the answer, but then asked, "Where did daddy come from?" popo replied, "We found him in a basket on our door step." Kimo seemed even more mystified, but asked again, "Where did grandpa come from?" Popo replied, "A canoe from way across the ocean brought him . . ." Kimo seemed satisfied and went to his room . . . Later, Popo went to Kimo's room and saw that he had made this entry in his diary . . . "Dear Diary, apparently there has been no intercourse in this family for three generations at least . . ."

(As heard on Aku's program . . .)

\* \* \*

Now that the state has agreed to fund 100% of the ambulance service, there are Honolulu City Council members who feel that perhaps the city should keep the ambulance service after all. The City Council had extended its deadline for transferring the ambulance service to January 1, 1983, from an earlier 90-day limit . . .

The mayor and the governor had agreed that the state government would get the 130 employees and the city's ambulance service in December. The 1978 legislature gave the Health Department responsibility for ambulance services across the state, but on Oahu, the state chose to let the city continue the service under contract with the state. The cost has been running close to \$5 million a year. And there has been continuous trouble ironing out the annual contracts. Faced with another late contract for the current fiscal year, the city council voted in July to transfer the ambulances to the state within 90 days, but Mayor Anderson intervened for she felt the quality of service would suffer if the transfer was made hastily.

Honolulu's inflation rate was up 1.5% in July and August, but still running behind the national level. The U.S. Bureau of Labor Statistics reported that medical care costs rose 3.7% while physician fees and health insurance costs were higher. The CPI of 1.5% would mean an annual rate of 9.3% for Honolulu while the national CPI would be 10.6%.

**Dennis Meyer**, internist and QMC director of medical education, has used CIBA's new Transderm-V (Scopolamine Therapeutic System), which has been cleared recently by the FDA. (Scopolamine is transmitted through a circular patch attached like a bandage behind the ear.)

Says Meyer, "As a bit of a sailing buff, I've used it myself and it worked . . ." When he is at the helm, he usually doesn't have any trouble, "but when someone else is sailing, I get sick as a dog. It's impossible not to get sick because you pitch, yaw, and roll at the same time . . ."

From Ben Wood's "Hawaii:" "Author-Ophthalmologist **Dr Robin Cook**, who was a

### Auxiliary to the Honolulu County Medical Society, Inc., Membership Directory 1981-1982

The first membership directory ever compiled for the Auxiliary to the Honolulu County Medical Society is now available to members. This attractive, compact book contains a roster of our membership, the charter of incorporation, the by-laws, and a brief history of the organization. **Brenda Lumeng**, membership chairman, and her committee have devoted countless hours over the past 2 years to bring this project to completion.

Copies may be obtained by sending your name and complete address to: A/HCMS Membership Directory, 320 Ward Ave., Suite 200, Honolulu, Hawaii 96814. Please enclose your check for \$6 and a copy will be mailed to you promptly.

You may pick up your copy at the Auxiliary office on Tuesday or Thursday morning from Auxiliary secretary, Irene Kodani. Copies also will be available at all Auxiliary membership meetings. The cost without mailing is \$5 per copy.

\* \* \*

### News from Hawaii County Auxiliary

Hawaii County Medical Society Auxiliary Board of Directors for 1982 are: President, **JoAnn Lundborg**; Vice-President and Legislation, **Sue Irvine**; secretary, **Kathy Oldfather**; Treasurer, **Jean Chen**; Membership, **Dorothy Wong**; AMA-ERF, **Sylvia Hammer**; Blood Bank, **Jean Takase**; Special Education Liaison, **Sherry Lim**; Newsletters, **Joanne DeGinder**; Consultants: **Lilian Matayoshi**, **Midge Mebane** and **Betty Ghosh**.

### AMA-ERF Benefit

The Hawaii County Medical Society Christmas party and Auxiliary-sponsored "silent auction" raised the hefty sum of \$1,538.50 for the AMA Education and Research Foundation. **Sylvia Hammer**, chairman, and **Kathy Oldfather** and **Sherry Lim**, planners, played a major role in the success of this event.

Another AMA-ERF Benefit, a Valentine fashion show, was held on February 9. The Hawaii County Auxiliary invited the Hilo Hospital Auxiliary, the Hawaii Dental Society Auxiliary and the lawyer's wives to this event.



Queen's Hospital intern in 1966-67 and a surgical resident a year later, digs the Isles and spent some time here last week visiting friends. Cook's big book was 'Coma,' which later became a motion picture. He told friends that when he was at Queen's he saw some guys sitting in a dark room with little lamps strapped to their foreheads. He found out that they were ophthalmologists. He said surgery didn't turn him on that much and because the ophthalmologists got to sit down a lot, he switched to that field. But there was a 'little problem' in a place called Vietnam in those days, and when Cook took up ophthalmology, he lost his deferment and soon found himself aboard a U.S. Navy submarine. While on sub duty, he wrote the draft for his first book, 'Year of the Intern,' about his days at Queen's . . .

The state's first "prophylactic" vending machine will hand on a wall outside the University of Hawaii at Manoa student health center. The health center had been spending about \$6,000 a year of its grant money on free spermicide foam for women and prophylactics for men. Director **Donald Char** said students have been grabbing handfuls of condoms from a bowl instead of taking one or two. The center couldn't afford this free-for-all and in order to discourage the practice, but still encourage condom use, the center had asked for a condom vending machine, which unfortunately charges 50 cents per condom . . . Char had hoped the price per condom would be cheaper to encourage greater use, but machines can't be altered.

## Miscellany . . .

A little old man came to a brothel and asked for Agnes Roth . . . The madam was surprised because Agnes was their bookkeeper, not a hostess. But the little old man insisted he would pay \$200 instead of the usual \$100 . . . Agnes decided to take the plunge because \$200 was four times what she was paid a week for bookkeeping. So she went to bed with him . . . Next day, the little old man was back, asking for Agnes Roth . . . When he was done, he again pays his \$200 and is off . . . The third day, the same thing happens . . . Agnes was

curious, "Will you be coming back tomorrow?" "No," says the old man . . . "I'm off to Israel." Agnes says, "My mother is there . . . Please say hello for me . . ." "Yes, I have met your mother . . . She's the one who sent me with \$600 to give to you." (Told by Joe Saloman, lawyer from New Jersey and Dennis Lind's brother-in-law)

## Life in These Parts

"A quitter epitomized . . . If Dr Rockett can do it, so can you." (From Maui News Nov 18) It seems that **Louis Rockett**, who has smoked for half a century, is chairman of this year's Smokeout on Maui and was planning to quit on Thursday, the day of the Great American Smokeout. Louis, a 3-4 pack-a-day smoker, started smoking regularly at 13 and says, "there hasn't been a day I haven't smoked" and has never even really tried to quit. He is quoted as saying resolutely, "For the first time in my life, I seriously intend to quit, permanently and completely." (ED: We await a follow-up story with bated breath . . .)

**Sam Knox**, a representative of the American Social Health Association, says, "Genital herpes can't kill you, but it can ruin your life — if you let it." A chapter has just been started in Hawaii and the association's HELP program provides herpes sufferers information so they can logically cope with their stresses and problems . . . **Rick Williams**, Honolulu gynecologist, reports that herpes has become an epidemic overnight, but since it is not a reportable disease, it's difficult to get accurate statistics. But Rick wonders if making herpes reportable would increase the hysteria patients experience when told they have it. He has seen too many good, long-term relationships broken by herpes, but he feels that persons who have it must be responsible about keeping others from getting it . . .

Gleaned from Don Chapman's column: "The August issue of Glamour magazine features a story on **Dr. Norman Goldstein's** ultraviolet photographic techniques, which took 10 years to develop and makes it possible to see below the surface of the skin to detect early wrinkles, age spots, skin cancers . . ."

**Rep. Cec Heftel** feels that the federal Medicare system would go broke unless those who benefit are forced to take at least some responsibility for its costs. One idea is to have some kind of "voucher" program where the patient pays at least a minimal portion of his bill. And the patient must feel the impact of those payments . . . Each one of us must have a vested interest in how we're treated and how we're charged . . .

**George Starbuck**, child abuse consultant with the UH Med School Department of Pediatrics, points out that giving an infant or young child "a good shaking" is now linked to a significant number of injuries and deaths in the United States and other countries. George attributes at least two infant deaths in Hawaii this year to "baby shaking."

**Joe Hennessy**, a family practice physician on Maui, became interested in linguistics when experiences with deaf co-workers moved him to learn sign language. He is the only physician on Maui who is called from his Kahului office to assist doctors at Maui Memorial Hospital to communicate with deaf patients . . .

"After giving a thorough physical exam to a 40-ish secretary the other day, **Dr. Stephen Arnold** delivered the good news . . . 'Unless you get hit by a bus, you're going to be around a long time.' She answered pensively, 'Gee, I better get some insurance.' Arnold seemed puzzled . . . 'Not for me,' said the woman, 'for my husband!'" (From Dave Donnelly's "Hawaii" column).

## Professional Moves

We missed the November announcement of **George M. Saviello, MD, Inc.**, joining The Hawaii Anesthesia Group, Inc., at Suite 709 Lusi-tana St . . .

In December, OB Gyn man **William McKenzie** announced that he was opening his second office at 95-119 Kamehameha Hwy, Suite A, Mililani, and the Medical Arts Clinic, Inc., also announced the opening of its Mililani Branch Office at 95-390 G Kuahelani Ave, Mililani. The Medical Arts Clinic specializes in family practice, pediatrics, internal medicine, and general surgery. **Philip H. Dunn**, who does general practice in Acute Care/ER, joined the Straub Clinic & Hospital, Inc . . . On the Big Island, **Cherylin Garvey** and **Jed Groom** incorporated as the South Kohala Medical Associates, Inc., with offices in Kamuela and Waikoloa . . .

In February, Lihue Plantation opened a new medical facility to serve 8% of the Garden Isle's population. **Mark Wentworth**, board certified FP, will run the facility with at least one other physician. When specialists are needed, they will be referred to Kauai Medical Group physicians, Straub specialists, etc. The new system is expected to cut Lihue Plantation's medical costs, which run \$15 million a year. Through a contract with HMSA, each member will pay \$4.50 for a single person, \$6 a couple and \$2 for each additional dependent up to a maximum of \$12 per month. The coverage will include hospitalization, physician visits and drugs . . .

## CLASSIFIED NOTICES

### BUSINESS OPPORTUNITIES


Unusual oppty. to PURCHASE ESTABLISHED, EQUIPPED, RURAL FAMILY PRACTICE. \$20,000-terms. OCEANFRONT PHYSICIAN'S RESIDENCE. also avail. Reply immediately, P.O. Box 833, Dept. 1207, Hon. HI 96808

### OFFICE, STORE, WAREHOUSE

Kailua Professional Bldg. II  
Now leasing general medical space.  
Located in Windward Oahu  
Call 262-4792 or 262-8107 wkdays.

### PHYSICIANS FEE SIMPLE PROPERTY FOR SALE/LEASE


New combination office/residential condominium avail. Downtown. Easy access to freeway. Across from Pacific Club & Queen's Hospital. Nr. public parking. 900 sf to 5,000 sf. avail. on 1 fl. Owner will finance. Excl. terms.  
**Cale Carson Assoc. Inc.**  
536-1191



# PEQEX

## NEW & RECONDITIONED MEDICAL EQUIPMENT FOR SALE

- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT



**PHYSICIAN'S EQUIPMENT EXCHANGE, INC.**  
866 IWILEI RD., 207/HONOLULU, HI 96817

## 537-2724





# MEMBERSHIP APPLICATION

320 WARD AVENUE, HONOLULU, HAWAII 96814  
PHONE 536-7702

I am applying for membership in: (please check)

☐

County Medical Society/  
Hawaii Medical Association

☐

American Medical Association

Date \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

SPOUSE'S NAME \_\_\_\_\_

OFFICE: \_\_\_\_\_  
Street City State Zip Code

Office Phone: \_\_\_\_\_

HOME: \_\_\_\_\_  
Street City State Zip Code

Exchange: \_\_\_\_\_

Home Phone: \_\_\_\_\_

BIRTH: \_\_\_\_\_  
Date Place

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_

Residencies: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Specialty: Primary \_\_\_\_\_ Board Certified: Yes ☐ No ☐

Secondary \_\_\_\_\_ Board Certified: Yes ☐ No ☐

Hawaii License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Other state licenses \_\_\_\_\_

Local Hospital Affiliations: \_\_\_\_\_

Most recent practice locations: (city, state, and dates)  
\_\_\_\_\_

Date started practice in this County: \_\_\_\_\_

Last previous membership in any Medical Society: \_\_\_\_\_

Membership classification in last previous society: \_\_\_\_\_

Has your license to practice medicine ever been denied, suspended, or revoked by a government agency?  
Yes ☐ No ☐ If yes, please set forth details in a separate letter.

Have you ever been suspended or expelled from membership in any medical society? Yes ☐ No ☐  
If yes, please set forth details in a separate letter.

If elected to membership, I agree to conduct myself professionally and personally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the County Society, the Hawaii Medical Association, and the American Medical Association.

I hereby release, and hold harmless from any liability or loss, the \_\_\_\_\_ Medical Society, and the Hawaii Medical Association, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for membership.

I certify and swear that all statements in the foregoing application are true to the best of my knowledge.

NAME OF RECRUITER (Credit to):

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Sponsor's Signature)

\_\_\_\_\_  
(Sponsor's Signature)

Note: A physician who is a sponsor will not automatically receive credit unless indicated as the "recruiter" on this form.

Sponsors must be Active Members of County Society and Hawaii Medical Association

# INFLATION FIGHTER

Compare . . . we offer more for your premium dollar.

Annual Renewable Term Rates\* to age 100

AGE	\$100,000	\$250,000	\$500,000	\$1,000,000
30	120.00	240.00	440.00	840.00
35	120.00	240.00	440.00	840.00
40	135.00	278.00	515.00	990.00
45	165.00	353.00	665.00	1,290.00
50	215.00	478.00	915.00	1,790.00
65	870.00	2,115.00	4,190.00	8,340.00

\* Policy Fee Included, Based on non-smoking applicant (Smokers slightly higher)

There is a 6 year age set-back for females.

- A and A+ Best rated companies
- Group plans for 1 or more
- Computerized illustrations available

Full information is available through the qualified life insurance underwriter of your choice — He knows our reputation . . . or call

**South Pacific Insurance Agency**  
524-0000

Dietmar G. Poelzing, General Agent  
1136 Union Mall, Suite 601, Honolulu, HI 96813

EXCELLENT UNDERWRITING • UNBEATABLE RATES



**Hawaii Academy of Family Physicians' Newsletter**

DOX AND MARILYN FARRELL

Again we welcome a group of new members: **Sandra Penn** has transferred here from New Mexico, and **Kathleen Welch** practices with Kaiser on Maui; new student members are **Curtis Lee**, sophomore, and **Alan Song**, freshman. We welcome them along with the other freshmen students who joined our chapter last November: **Stephen Buto**, **Elaine Doi**, **Lisa Grininger**, **Jonathan Horiuchi**, **William Kama**, **Dennis Long**, **Mark Lum**, **Daniel Margulies**, **Erika Pang**, **Larry Smithing**, **Lorraine Sonoda**, **Curtis Take-moto-Gentile**, **Miles Tashima**, **John Tim-tim** and **Russel Wong**.

In other news of members we hear . . . that **Helena O'Connor** has moved to Ireland permanently . . . **Patrick Cockett** from Kauai retired from medical practice last December . . . **Ken Kern** is taking residency training in anesthesiology in Canada.

**James Marnie**, chief, Department of Family Practice, Queen's Medical Center, was a guest at a recent Council meeting to discuss future directions of the family practice department at Queen's. Council plans to invite chiefs from other hospitals in the future.

Congratulations to the following members: **Tom Cahill** and **Don Farrell** were both appointed to AAFP committees; Tom will chair the Mead Johnson Awards Committee, and Don becomes a freshman member of the Research Committee. Tom is also the new HCMS president . . . **John Aoki** has been asked to author a chapter on adolescent medicine in the new edition of "Principles and Practice of Family Medicine," edited by Robert Taylor. John will be leaving Tripler and the military shortly and plans to open his practice in Kailua.

Although the 1982 Annual Meeting and Seminar is just concluded, plans already are going forward for the 1983 meeting, to be held in conjunction with the British Columbia chapter of the Canada Family Physicians. An initial meeting was held in November to plan the 3-day scientific seminar, as well as several social events. Our Canadian friends hope to bring about 300 physicians plus families to Hawaii next February, and they enjoy a good party. As an early promotion, picture postcards of Hawaii will be sent to snowbound Mainland states and Canadian provinces. They should be especially effective during this year's severe winter.

## Reduce Your \$tress

**Bishop Computer Center's new medical accounts receivable system takes good care of you and your patients' accounts.**

CONVENIENT • PRACTICAL • COMPLETE • EFFICIENT

### Special Features Include:

- No in-office special equipment.
- Can use your present forms.
- Gives you accurate bookkeeping balances.
- Gets your bills paid more promptly.

In addition, we handle all conversion details from any present system.

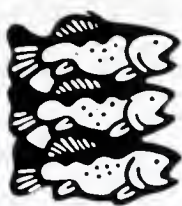
Talk to Marlene Wong at 523-2171.



**Bishop Computer Center**

Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813





# Where to go For BUSINESS DINING



## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

Top of the Blvd.  
and Waimalu

**Both Open 24 Hrs.**  
(Except the Wee Hours  
of Monday Morning)

CONSISTENTLY GOOD  
CHINESE FOOD . . .

CHINESE AND AMERICAN FOOD

*Coral Reef*

Restaurant and lounge

Mauka side next to Woolworth  
1006 Ala Moana Center

Open from 10:30 AM to 9:30 PM  
Sundays 10:30 AM to 5 PM

Phone: 949-3500

**Now Serving  
Hot and Spicy  
Dishes for Dinner**

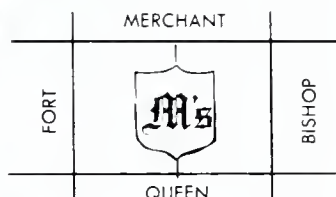
**M's**  
**Coffee Tavern and  
Cheerio Room**

Breakfast - Lunch - Cocktails  
in the heart of Downtown.

M's Coffee Tavern  
6:30-2 P.M.  
Cheerio Room  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern  
or inn."

*Samuel Johnson*



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Ho'opon Lane.

•PHONE: 955-8844•

OPEN DAILY -  
Lunch-11:00 a.m. - 2:00 p.m., Dinner-5:00 p.m. - 1:00 a.m.  
VALET & FREE VALIDATED PARKING

**Arthur's**  
Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.  
*Flamingo Restaurant*



(Formerly Napualani)

**4 Banquet Rooms**

For 20-250 Persons  
Breakfasts—Luncheons  
Dinners—Cocktails

Full sit-down dinners from \$6.95

Ample Validated Parking

Reservations: Ann Kubota, 922-3861

Quality Inn Waikiki-Paoakalani & Kuhio

On the "Big Island" it's Quality Inn Hilo

**Seafood in its  
Finest Hour**

Any hour from 11 am to 10 pm,  
Fridays & Saturdays 'til 11 pm.

**THE SEAFOOD EMPORIUM**

Please call 922-5547 for reservations

Royal Hawaiian Shopping Center, second floor • corner of Kalakaua and Lewers



*Enjoy one  
of these fine  
eating places  
today!*

# **Before your patient forgets what you did for him, help us pay the claim.**

We know you'll feel a lot better when your bills get paid promptly. You can get fast service from HMSA if you submit your claims promptly. It will not only keep your accounts current, the cash flow situation in your office will be a lot healthier.

Anytime you have a problem or suggestion, please let our Professional Relations Department know. We're here to help you.

HMSA—the efficient way, for you and your patients.



## **HMSA Professional Relations Department**

Oahu: 944-2259

Maui: 244-7425

Kauai: 245-3393

Hawaii: 935-5441 (Hilo)

329-3030 (Kailua-Kona)



APRIL 1982  
VOL. 41, NO. 4

# Hawaii MEDICAL JOURNAL

## CONTENTS

Editorials and Opinions	114
Continuing Medical Education	114
Medical History in the Islands	116
HMA Auxiliary	118
Results of a Hospital-Based Thyroxine Screening Program for Congenital Hypothyroidism	123
By Kenneth B. Robbins, M.D., Herbert S. Uemura, M.D. and Sorrell H. Waxman, M.D.	
HMA Council Meeting	126
Clinical Update	128
Over the Editor's Desk	130
News and Notes	132
HAFP Newsletter	134
Auxiliary Logo Contest	134

LIBRARY  
U.C. SAN FRANCISCO  
APR 8 7 1982

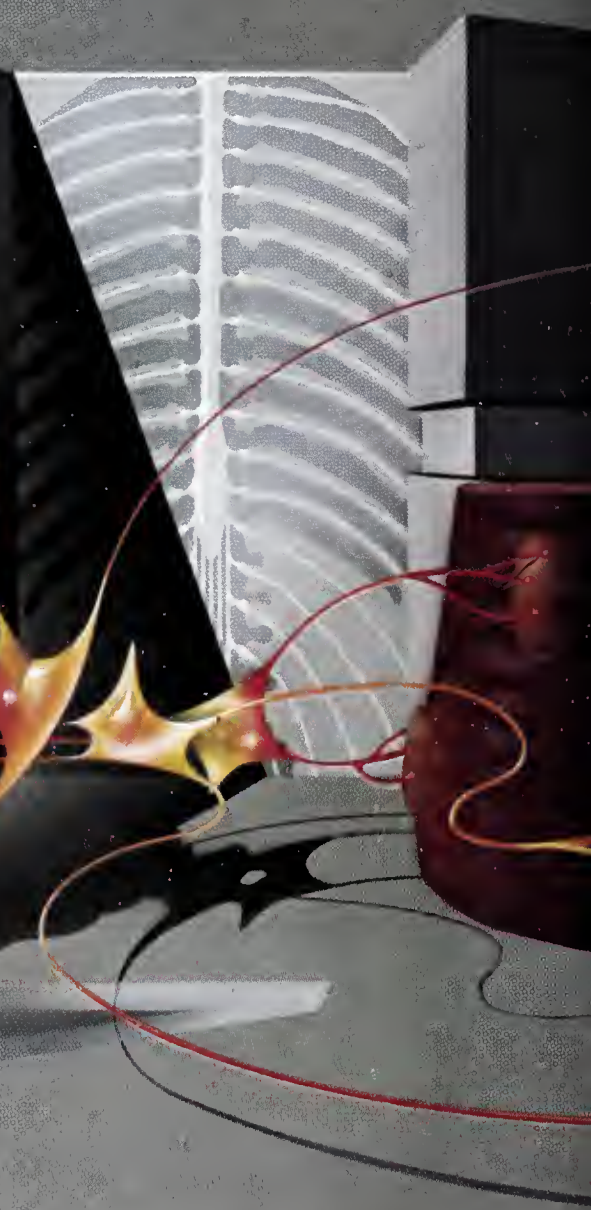
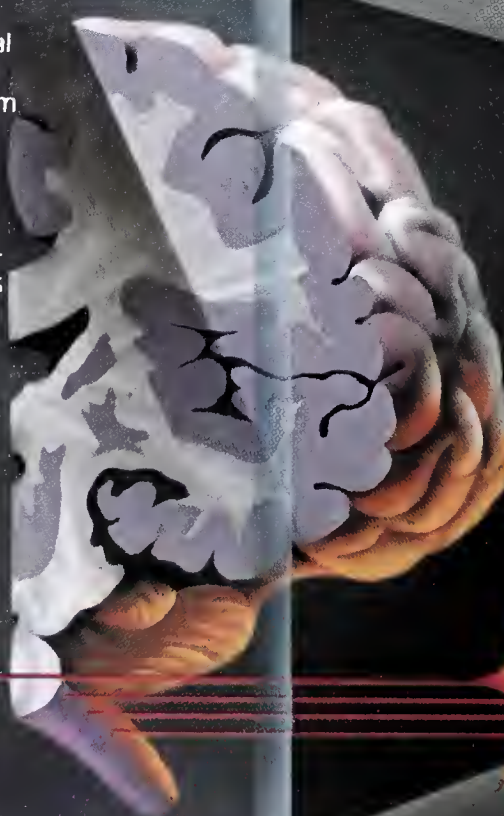
U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143



# SKELETAL MUSCLE SPASM

## Actions associated with spasm

Normally, presynaptic inhibition of impulses to motoneurons prevents the continuous contraction of skeletal muscles. When this regulatory mechanism is overloaded, however, it cannot cope with the excessive number of impulses directed at the motoneurons and muscles go into spasm. This bombardment of impulses may come from the brain stem reticular formation or the spinal cord—or both. Whichever the source of the impulses, adjunctive Valium (diazepam/Roche) has demonstrated its ability to relieve the spasm-pain-spasm cycle. This has long been known. Now evidence is emerging that Valium may have skeletal muscle relaxant activity not only at the brain and spinal levels but possibly at a third site—the muscle itself.



## Counteractions associated with Valium® (diazepam/Roche)

### In the reticular formation

Animal experiments have shown a reduction in the rate of neuron firing in the brain stem reticular formation after administration of Valium.<sup>1,2</sup> This system, therefore, may be a major site of Valium action.

### In the spinal cord

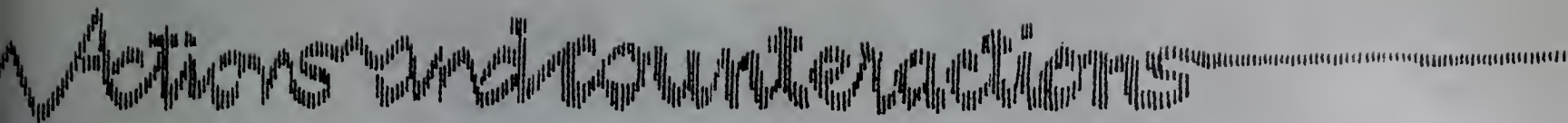
The ability of Valium to diminish skeletal muscle spasm may also be due to its action at the spinal level. Both animal and human experimental evidence indicates that Valium appears to improve the efficiency of presynaptic inhibition in the spinal cord.<sup>3-6</sup>

### In the muscle itself

In both animal<sup>7</sup> and human<sup>8</sup> studies, Valium has been shown to have a direct effect on the muscle itself. Diazepam, administered to 15 spastic patients with neurological lesions, reduced the amplitude of the compound action potential of direct muscle response as well as the isometric twitch tension. From this, it was postulated that Valium may affect the contractile properties of muscle and possibly

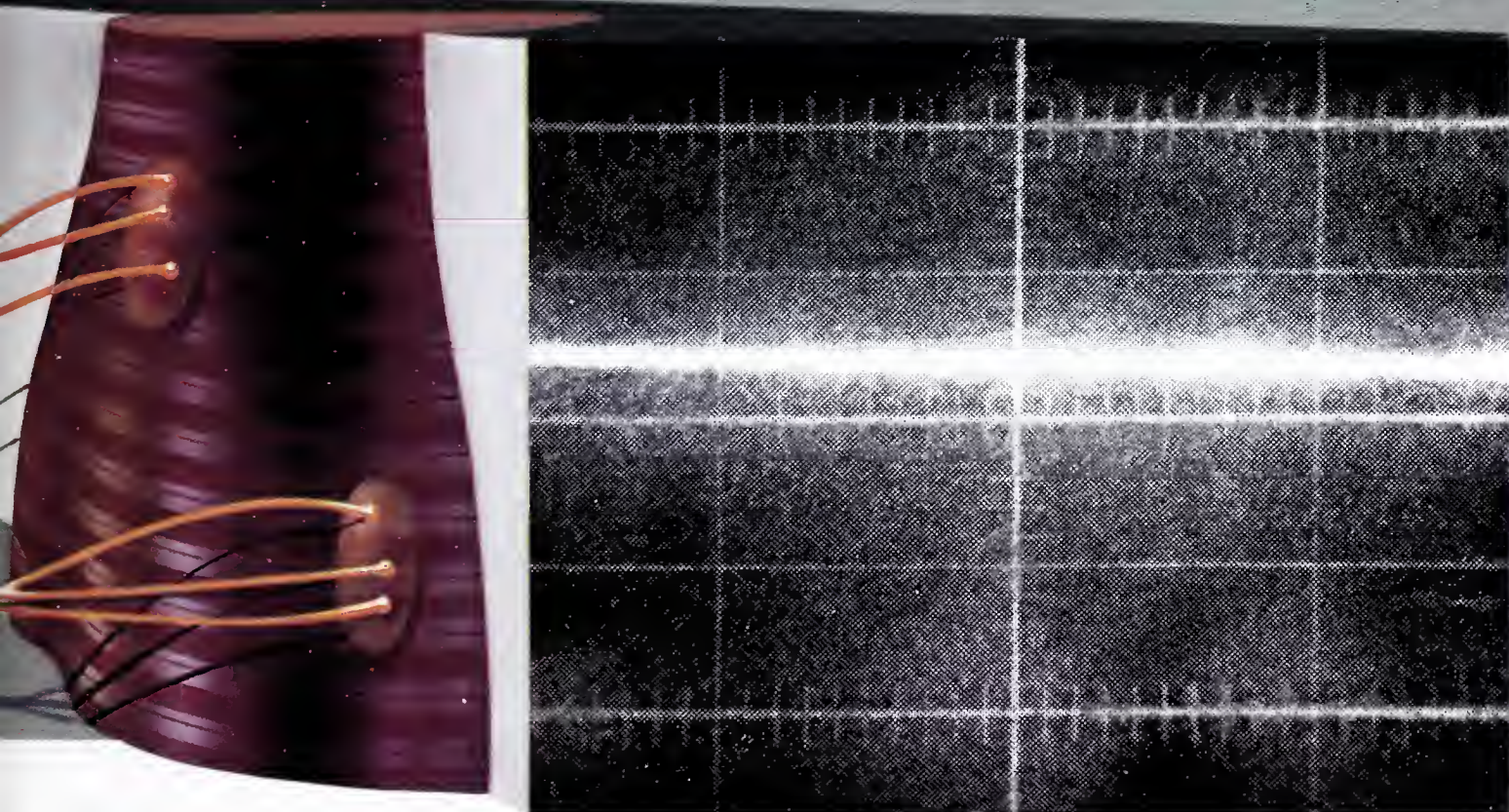
**References:** 1. Przybyla AC, Wang SC. *J Pharmacol Exp Ther* 163 439-447, 1968. 2. Tseng TC, Wang SC. *J Pharmacol Exp Ther* 178 350-360, 1971. 3. Stratten WP, Barnes CD. *Neuropharmacology* 10 685-696, 1971. 4. Schmidt RF, Vogel ME, Zimmermann M. *Arch Exp Pathol Pharmacol* 258 69-82, 1967. 5. Murayama S, Uemura H, Suzuki T. *Jpn J Pharmacol* 22 (Suppl) 79, 1972. 6. Verrier M, MacLeod S, Ashby P. *Can J Neurol Sci* 2 179-184, Aug 1975. 7. De Groof RC, Bianchi CP, Narayan S. *Eur J Pharmacol* 66 193-199, 1980. 8. Verrier M, Ashby P, MacLeod S. *Am J Phys Med* 55 184-191, 1976. 9. Fowles EW, Strickland DA, Peirson GA. *Am J Phys Med* 44 9-19, 1965.





Electromyographic evidence of muscle spasm in a patient before administration of diazepam\*

35 minutes after I.M. diazepam 10 mg, muscles are completely relaxed\*



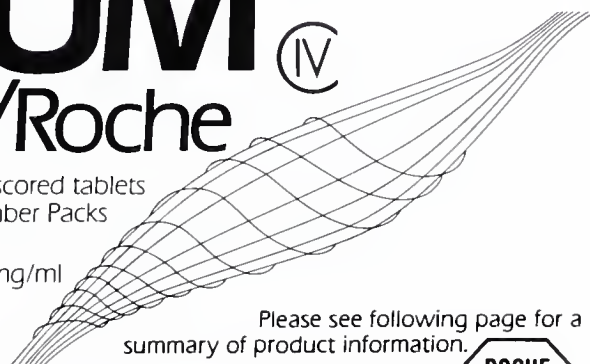
\*Adapted from Fowles EW, et al.<sup>9</sup>

the electrical properties of muscle membrane. Recent *in vitro* studies demonstrated that diazepam decreases tension in rapidly stimulated muscle and increases the rate of loss of calcium (needed for efficient coupling of action potential to muscle contraction) in the skeletal muscle of frogs.

While these studies imply three possible sites of Valium (diazepam/Roche) activity, conclusive proof of the sites of action of Valium will require further research.

# Adjunctive **VALIUM<sup>®</sup>** <sup>IV</sup> diazepam/Roche

2-mg, 5-mg, 10-mg scored tablets  
Tel-E-Dose<sup>®</sup> Reverse-Number Packs  
2-ml Tel-E-Ject<sup>®</sup> ready-to-use  
disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials



Please see following page for a summary of product information.





# Adjunctive **VALIUM**<sup>®</sup> <sup>IV</sup> diazepam/Roche

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome. *Oral form* may be used adjunctively in convulsive disorders, but not as sole therapy. *Injectable form* may also be used adjunctively in status epilepticus, severe recurrent seizures, tetanus, anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures; cardioversion. The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets in children under 6 months of age, known hypersensitivity; acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Use in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

**ORAL:** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients; should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V.: inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest; concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea; have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least ½, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or less); prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence, can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam/Roche), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated).

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return, re-administer if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures

available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, discontinue drug. Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam/Roche) therapy and are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Dosage:** Individualized for maximum beneficial effect.

**ORAL—Adults:** Anxiety disorders, relief of symptoms of anxiety, 2 to 10 mg *b.i.d.* to *q.i.d.*; acute alcohol withdrawal, 10 mg *t.i.d.* or *q.i.d.* in first 24 hours, then 5 mg *t.i.d.* or *q.i.d.* as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg *t.i.d.* or *q.i.d.*, adjunctively in convulsive disorders, 2 to 10 mg *b.i.d.* to *q.i.d.* Geriatric or debilitated patients: 2 to 2½ mg 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg *t.i.d.* or *q.i.d.* initially, increasing as needed and tolerated (not for use under 6 months).

**INJECTABLE:** Usual initial dose in older children and adults is 2 to 20 mg I.M. or I.V., depending on indication and severity. Larger doses may be required in some conditions (tetanus). In acute conditions injection may be repeated within 1 hour, although interval of 3 to 4 hours is usually satisfactory. Lower doses (usually 2 to 5 mg) with slow dosage increase for elderly or debilitated patients and when sedative drugs are added. (See Warnings and Adverse Reactions.)

For dosages in infants and children see below; have resuscitative facilities available.

**I.M. use:** by deep injection into the muscle.

**I.V. use:** inject slowly, take at least one minute for each 5 mg (1 ml) given. Do not use small veins, i.e., dorsum of hand or wrist. Use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Moderate anxiety disorders and symptoms of anxiety, 2 to 5 mg I.M. or I.V., and severe anxiety disorders and symptoms of anxiety, 5 to 10 mg I.M. or I.V., repeat in 3 to 4 hours if necessary; acute alcoholic withdrawal, 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary. Muscle spasm, in adults, 5 to 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary (tetanus may require larger doses); in children, administer I.V. slowly; for tetanus in infants over 30 days of age, 1 to 2 mg I.M. or I.V., repeat every 3 to 4 hours if necessary; in children 5 years or older, 5 to 10 mg repeated every 3 to 4 hours as needed. Respiratory assistance should be available. Status epilepticus, severe recurrent convulsive seizures (I.V. route preferred), 5 to 10 mg adult dose administered slowly, repeat at 10- to 15-minute intervals up to 30 mg maximum. Repeat in 2 to 4 hours if necessary keeping in mind possibility of residual active metabolites. Use caution in presence of chronic lung disease or unstable cardiovascular status. Infants (over 30 days) and children (under 5 years): 0.2 to 0.5 mg slowly every 2 to 5 min., up to 5 mg (I.V. preferred). Children 5 years plus: 1 mg every 2 to 5 min., up to 10 mg (slow I.V. preferred); repeat in 2 to 4 hours if needed. EEG monitoring may be helpful.

In endoscopic procedures, titrate I.V. dosage to desired sedative response, generally 10 mg or less but up to 20 mg (if narcotics are omitted) immediately prior to procedure, if I.V. cannot be used, 5 to 10 mg I.M. approximately 30 minutes prior to procedure. As preoperative medication, 10 mg I.M.; in cardioversion, 5 to 15 mg I.V. within 5 to 10 minutes prior to procedure. Once acute symptomatology has been properly controlled with injectable form, patient may be placed on oral form if further treatment is required.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure, employ general supportive measures, I.V. fluids, adequate airway. Use levarterenol or metaraminol for hypotension. Dialysis is of limited value.

**How Supplied:** **ORAL:** Scored tablets—2 mg, white, 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500.\* Prescription Paks of 50, available in trays of 10,\* Tel-E-Dose<sup>®</sup> packages of 100, available in trays of 4 reverse-numbered boxes of 25\* and in boxes containing 10 strips of 10.\*

**INJECTABLE:** Ampuls, 2 ml, boxes of 10;† Vials, 10 ml, boxes of 1,† Tel-E-Ject<sup>®</sup> (disposable syringes), 2 ml, boxes of 10.\*

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110



ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



# Hawaii Medical Journal

(USPS 237-640)

*Published Monthly for the*  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

*Editor,* HARRY L. ARNOLD, Jr., M.D.  
*Managing Editor,* DORIS R. JASINSKI, M.D., M.P.H.  
*News Editor,* HENRY N. YOKOYAMA, M.D.  
*Associate Editors,* JOHN M. CORBOY, M.D.  
J. I. FREDERICK REPPUN, M.D.  
*Editorial Assistants:* BECKY KENDRO, JENNIE ASATO

*Editorial Board:* FRANCIS H. FUKUNAGA, M.D.,  
NORMAN GOLDSTEIN, M.D., RALPH W. HALE, M.D.,  
THOMAS C. HALL, M.D., ROBERT T. S. JIM, M.D.,  
JAMES LUMENG, M.D., DOUGLAS G. MASSEY, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.

*Publications Committee:* CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

*President,* ANN B. CATTS, M.D.  
*President-Elect,* CALVIN C.M. KAM, M.D.  
*Past President,* NEAL E. WINN, M.D.  
*Secretary,* KWONG YEN LUM, M.D.  
*Treasurer,* WILLIAM H. HINDLE, M.D.

*County Presidents*  
*Hawaii,* ERNEST L. BADE, M.D.  
*Honolulu,* THOMAS G. CAHILL, M.D.  
*Kauai,* JOHN W. NEWMAN, M.D.  
*Maui,* MICHAEL R. SAVONA, M.D.  
*West Hawaii,* KENNETH GRANT

*Delegate to AMA,*  
HERBERT Y.H. CHINN, M.D.  
*Alternate Delegate to AMA,*  
WILLIAM E. IACONETTI, M.D.

*Advertising Representatives*  
National  
**UNITED MEDIA ASSOCIATES, INC.**  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
**CROSSROADS PRESS, INC.**  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc. for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.

## The United States Air Force Medical Corps

is currently accepting applications  
for the following specialities:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.



## The most advanced Orthopedic Physical Therapy in Hawaii

Individually designed programs, supervised and monitored by CHART's professional staff. Patients participate in active rehabilitation using Sports Medicine techniques to restore maximum function and strength. Now in the third year of operation, patients use CHART's exclusive in-house exercise equipment and facilities.

Rowlin L. Lichter, M.D. *Medical Director*

James K. Hewson, RPT    Lauri Skopek, RPT  
Sara J. Radke, RPT      Florian Flores, RPT

# CHART<sup>TM</sup>

Comprehensive Health And Rehabilitation Training

1314 South King Street Suite 750  
Honolulu, Hawaii 96814 Telephone 523-1674



## Check Out Our New Features

With this issue, we start two new feature sections, with which we hope to add to the entertainment and enlightenment of our readers.

Vignettes of "Medical History in the Islands" begins with a look back at "Plantation Medicine" by Dr. Charlie Judd, professor of the History of Medicine at the University of Hawaii School of Medicine.

"Clinical Update" will feature items of special interest, from the medical school staff and other sources, such as the Cancer Center of Hawaii.

We will welcome contributions to these sections from our readers. There must be a great many tales waiting to be told in our "History" section, as well as information to be shared as "Clinical Update."

DRJ

## A Costly Happy Ending

Once upon a time, some ophthalmologists began implanting artificial lenses in people's eyes after cataract surgery. It was an exciting breakthrough, and ophthalmology soon experienced one of the greatest "information explosions" ever seen in medicine.

Eye surgeons formed an information bureau, the American Intraocular Implant Society (AIOIS), to serve as a clearinghouse for the accumulation and dissemination of information on the evolving technology. New surgical techniques and instruments were devised, and new sterilizing methods were adopted. Lens designs changed rapidly, and were quickly modified or discarded where needed.

The results were little short of fantastic. The surgery proved increasingly popular with patients who saw the advantage of being free from contact lenses or spectacles. Other ophthalmologists wanted to learn the technology, so the AIOIS started an implant journal and promoted training courses and an annual Intraocular Lens Symposium.

As with any new technology, there were bugs: occasional rejections, manufacturing defects, infections. The AIOIS established a complication hotline, and instituted a remarkable national telephone and postcard system of alerting implant surgeons to problems arising in certain lens models, or defects or contamination in particular lens lots.

Then came the heavy and costly hand of bureaucracy. The Food and Drug Administration (FDA), under a 1976

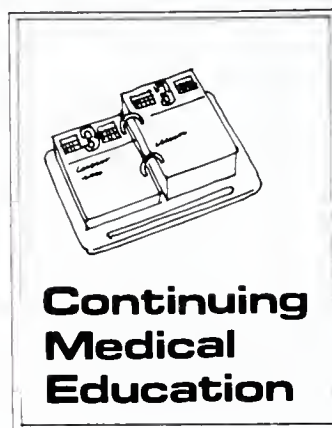
amendment which gave it jurisdiction over medical devices, launched the largest and most expensive clinical study in history. The investigation, requiring unprecedented record keeping and reporting by surgeons and manufacturers, as well as review by certified hospital investigational committees, exhaustively evaluated over half a million implant patients.

Meanwhile, Ralph Nader's Health Research Group (HRG) sought to delay approval of lens implantation, and submitted 77 separate Freedom of Information (FOIA) requests for the data to the FDA. The tactic worked: the agency delayed its ophthalmic study to respond to the demands, and it cost taxpayers over \$90,000 to provide free information to Nader's "public interest" group. Meanwhile, HRG was selling the adverse reaction data to plaintiffs' attorneys involved in product liability and malpractice suits.

It's a long and painful story of clinical research bogging down in a bureaucratic and political mire. But the happy ending is that, after five years, the FDA has determined that these lenses *are* safe and effective — just as they were told in the first place.

And they all lived happily ever after, except those who paid over \$50 million for the study that didn't need doing.

JMC



## CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

### LOCAL ACCREDITED PROGRAMS ONGOING

#### American Cancer Society, Hawaii Division

1. Telephone Task Force w/G.N. Wilcox Memorial Hospital, First Thursday, 12:45 p.m. and Fourth Tues. 12:30 p.m. w/Maui Mem. Hsp. Held on Oahu at Am. Cancer Society main conf. room, 200 N. Vineyard, Honolulu.

#### John A. Burns School of Medicine

1. Dept. of Medicine
  - A. Case Conferences, Second and Fourth Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - B. Grand Rounds, First and Third Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - C. Endocrinology Grand Rounds, Second Thursday, 5:30-6:30 p.m., Queen's University Tower, Room 506.
  - D. UH-Queen's Conference, Fridays, 8:00-9:00 a.m., Queen's Medical Center, Mabel Smythe Auditorium.
  - E. Cardiology Grand Rounds, First and Third Tuesdays, 5:30-6:30 p.m., Queen's University Tower, Room 508.
  - F. Infectious Disease Grand Rounds, Second and Fourth Tuesdays, 5:00-6:00 p.m., Queen's Nalani I Conference Room.
  - G. Dermatology Grand Rounds, Second Wednesday, 7:30-9:30 a.m., Queen's Medical Center, Queen Emma Clinic.
  - H. Pulmonary Grand Rounds, Fourth Wednesday, 4:30-5:30 p.m., Queen's Medical Center, Kamehameha Auditorium.



- I. Nuclear Medicine Grand Rounds, Third Wednesday, 5:00-6:15 p.m., Straub Hospital, Doctors' Dining Room.
- J. Medical-Surgical GI Grand Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Hospital, PB4 Classroom.
2. Dept. of Obstetrics and Gynecology
  - A. Grand Rounds, Wednesdays, 7:30-8:30 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
3. Division of Orthopedics
  - A. Fracture Conference, Mondays, 5:00-6:00 p.m., Queen's University Tower, Room 618.
  - B. Shriner's Hospital Conference, Tuesdays, 7:15-9:00 a.m., Shriner's Hospital.
4. Dept. of Pediatrics
  - A. Grand Rounds, Thursdays, 8:00-9:00 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - B. Pediatric Monday Noon Conference, Mondays, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - C. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., Kapiolani-Children's Medical Center, Conference Room B.
  - D. Perinatal Grand Rounds, Fridays, 8:15-9:15 p.m., Kapiolani-Children's Medical Center, Conference Room B.
5. Dept. of Psychiatry
  - A. Grand Rounds, Fridays, 8:00-9:30 a.m., Queen's University Tower, Room 618.
6. Dept. of Surgery
  - A. Grand Rounds, First, Second, and Third Saturdays, 7:30-9:00 a.m., rotating hospitals.
  - B. Statistical M and M, last Saturday, 7:30-9:00 a.m., rotating hospitals.
  - C. Journal Club, First and Third Tuesdays, 6:00-8:00 p.m., Queen's University Tower, Room 620.
  - D. Medical-Surgical GI Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Medical Center, PB4 Classroom.
  - E. Pediatric Surgical Grand Rounds, First Friday, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
7. Dept. of Family Practice
  - A. Conference, Fourth Wednesday, 1:00-2:00 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium, Executive Dining Room.
8. Dept. of Family Practice
  - A. Conf., Wednesdays, 8:00-9:00 a.m., Kaiser 4th Floor Conf. Room.
  - B. Conf., Thursdays, 12:00-1:00 p.m., Kaiser 4th Floor Conf. Room.
9. Dept. of Physiology
  - A. Dept. Conf., Wednesday, 4:30-5:30 p.m., BioMed T-210.
10. University of Hawaii, John A. Burns School of Medicine Grand Rounds, Third Thursday, 4:30-6:00 p.m., Queen's University Tower, Room 618 or BioMed Build-Building.
11. HI Oncology Group, one Monday a month, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala St., 4th Floor Conference Room.
12. HI Oncology Group, Usually Third Monday bimonthly, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala Street, Fourth Floor Conference Room.

#### **Federation of Emergency Medicine-Maui**

1. Cardiology for the Emergency Physician. Every Monday, 9:00-10:00 a.m.-Maui Memorial Hsp. Conf. Rm #1. (For spec. topics or further info contact: Federation Office (808) 244-7629, or Dr. C.T. Mitchell, (808) 244-9056.
2. Journal Club in Emerg. Medicine, 2 hrs. Cat. I. MMH Conf. Rm. #1. 9:00-11:00 a.m.

#### **Hawaii Thoracic Society**

1. Pulmonary Med., Clinical case presentations & current research in pul. med. with U of H Sinclair Chest Club, Third or Fourth Wednesdays, each month, 7:30 a.m.-9:30 p.m. For further info contact: Rosemary Respcio, B.S.N. at (808) 537-5966.

#### **Hickam Clinic**

1. Clinical Correlation Conference, First Thursday, 11:00 a.m.
2. Didactic—our staff, Second Thursday, 11:00 a.m.
3. Didactic Visiting Lecturer, Third Thursday, 11:00 a.m.
4. Radiology Conference, Fourth Thursday, 11:00 a.m. (Contact Aurora Macapinlac, M.D., M.C., 449-5770)

#### **Hilo Hospital**

1. Orthopedic Conference, First Tuesday, 12:30-1:30 p.m.
2. NCME (ETV), Thursdays, 12:30-1:30 p.m., Saturdays, 7:00-8:00 a.m. (repeat); not held on long (holiday) weekends.
3. Radiology Case Presentations, Second Wednesday, 12:30-1:30 p.m.
4. Clinical Pharmacology, Third Friday, 12:30-1:30 p.m.
5. C.P.C., Second Friday, 12:30-1:30 p.m.
6. Visiting Professor's Program

#### **Kaiser Hospital**

1. Medicine Grand Rounds, Every Tuesday, 8:00 a.m. Pac. Aud. 1 hr. Cat. I.
  2. Tumor Board, Every Tuesday, 12:00 noon. Pac. Aud. 1 hr. Cat. I.
  3. OB/Ped. Perinatal Mortality Conference, Last Tuesday, each month, 8:00 a.m. 1 hr. Cat. I.
  4. Surg. Grand Rounds, Every Friday, 8:00 a.m. Pac. Aud. 1 hr. Cat. I.
  5. Saturday Morning Educational Conference, Every Saturday, 7:30 a.m. Pac. Aud. 1 hr. Cat. I.
- (Contact CME Dept.-Kaiser for further information)

#### **Kapiolani-Children's Medical Center**

1. Pediatric Grand Rounds, Every Thursday, 8:00-9:00 a.m., Aud.
2. Pediatric Conference, Mondays, 12:45-1:45 p.m., 2nd Floor Aud.
3. Neonatal Grand Rounds, Friday, 8:00-9:00 a.m., Conference Room B.
4. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., 3rd Floor Conf. Rm.
5. Ob-Gyn Conference, Tuesday, 1:00-2:00 p.m., Aud.  
First—Didactic Presentation  
Second—Perinatal-Neonatal Topics  
Third—Obstetrics Topics  
Fourth—Gyn Topics
6. Tumor Board, Oncology Conference, First and Third Friday, 1:00-2:00 p.m., Aud.

#### **Kuakini Medical Center**

1. Department of Ophthalmology Mtg., First Tuesday, 12:30-1:30 p.m.
2. Department of Medicine Mtg. (Statistical), Fourth Tuesday, 1:00-2:00 p.m.
3. G.I. Conference, First Tuesday, 8:00-9:00 a.m.
4. Nephrology Conference, First Wednesday, 8:00-9:00 a.m.
5. Oncology Conference, Every Thursday, 7:30-8:30 a.m.
6. Pulmonary Conference, First Thursday, 1:00-2:00 p.m.
7. Surgical Conference, First & Second Friday, 12:45-1:45 p.m.
8. Surgical M&M Conference, Fourth Friday, 12:45-1:45 p.m.
9. Department of Medicine Evening Mtg., Second Tuesday, 5:30-7:00 p.m.
10. Visiting Professor Program (for further info contact CME Dept. 547-9226 as these programs may be subject to change.)

#### **Maui Memorial Hospital**

1. Thursday Conference, 7:00-8:00 a.m., Staff Dining Room.  
First—Dept. of Medicine  
Second—Dept. of Surgery  
Third—Dept. of OB/GYN  
Fourth—Dept. of Pediatrics  
Fifth—Elective
2. Tumor Board, Every Monday, 12:15-1:15 p.m.—Tumor Conference Telephone Task Force—Third Tuesday, 12:15-1:15 p.m.
3. Dept. of Emergency Medicine, Third Monday, 7:00-8:00 a.m.
4. Diagnostic Radiology, Fourth Tuesday, 12:00-1:00 p.m.
5. SFH-UH Hematology Conf., Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

#### **Hawaii Ophthalmological Society**

1. Monthly dinner meeting, Third Thursday of each month. Contact: Dr. A. Kunitomo, (808) 941-2208.

#### **The Queen's Medical Center**

1. ENT Conferences, First and Second Fridays, 7:30 a.m., Small Dining Room.
2. Medical Conferences, Every Friday, 8:00 a.m., Kam Auditorium.
3. Ob/Gyn Conferences, Second and Fourth Mondays, 1:00 p.m., Kam Auditorium.
4. Ophthalmology Conference, Fourth Tuesday, 5:00 p.m., Queen Emma Eye Clinic.
5. Orthopedic Conferences, Every Wednesday, 7:00 a.m., Kam Auditorium.
6. Pathology Conferences, Every Wednesday, 7:30 a.m., Surgical Conference Room.
7. Pediatric Grand Rounds, Fourth Thursday, 12:30 p.m., Nalani I Conference Room.
8. Surgical Trauma Conference, Second Tuesday, 4:30 p.m., Kam Auditorium.
9. Basic Science Lectures, Every Wednesday, 7:15 a.m., Queen's University Tower, Room 618.

#### **St. Francis Hospital**

1. SFH-UH Tumor Conference, Every Monday, 7:30 a.m., Sullivan-4 Classroom.
2. SFH-UH Nephrology Conference, First Monday, 1:00 p.m., Sullivan-4 Classroom.
3. SFH-UH Endocrine Conference, Last Monday, 12:30 p.m., Sullivan-4 Classroom.
4. EENT Meeting, First Tuesday, 7:00 a.m., Sullivan-4 Classroom.
5. SFH-UH Hematology Conference, Third Thursday, 12:30 p.m., Sullivan-4 Classroom.

6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

#### **Straub Clinic & Hospital**

1. Straub Professional Seminar meets the Second Tuesday of each month from 5:00-6:30 p.m. in the Credit Union Meeting Room (2nd Floor, Credit Union Bldg.)
2. Surgical Mortality and Morbidity Conference meets every Fourth Thursday of each month, from 7:00-8:00 a.m. in the Doctors' Dining Room.
3. Cardiac Surgery Conference meets the Third Tuesday of each month from 4:30-5:30 p.m. in the Doctors' Dining Room.
4. Department of Anesthesiology meets the Second Tuesday of each month from 7:00-8:00 p.m. in the Doctors' Dining Room.
5. Community Peripheral Vascular Conference meets the Fourth Thursday of each month from 5:00-6:30 p.m. in the Doctors' Dining Room.
6. Visiting Professor Program meets monthly from 7:00-8:00 a.m. in the Doctors' Dining Room.
7. Urology Inservice meets every other month on the Third Friday

from 8:00-9:00 a.m. in the Doctors' Dining Room.

8. Neuropathology Clinical Correlation Conference meets the Third Thursday of each month from 7:30-8:30 a.m. in the Straub Morgue.
9. OB-GYN Pathology meets every Fourth Monday of each month from 12:30-1:30 p.m. in the Administration Conference Room (ACR).
10. Urologic Pathology meets every First Monday of each month from 8:00-9:00 a.m. in the Doctors' Dining Room.
11. Friday Noon Conference meets Every Friday of each month from 12:30-1:30 p.m. in the Doctors' Dining Room.

\*Note: All conferences are subject to change. Monthly calendar will be available upon request.

#### **Wahiawa General Hospital**

1. Noon Seminars, Every Tuesday

#### **Wilcox Hospital (Lihue)**

1. General Medical Staff Meeting, Quarterly in January, April, July & October.
2. Clinical Review Meeting, Alternate Mondays at noon.
3. Tumor Conference, First Thursday.

## **SPECIAL EVENTS**

March 27- April 3, 1982 Current Concepts in Ob-Gyn, UH John A. Burns School of Medicine, 1960 East-West Road, Honolulu, Hawaii 96822. At: Royal Lahaina Hotel, Maui, 20 hrs.

April 3-10, 1982 Topics in Family Prac., U. of Wash. Sch. of Med., SC-50, Seattle, Wash. 98195. At: Royal Lahaina Hotel, Maui, 8 days.

April 10-17, 1982 Pediatric Emergencies, UC San Diego, Sch. of Med., Off. of Cont. Edu., M-017, La Jolla, Calif. 92093. On Kauai.

April 18-22, 1982 Winter Symp. Am. Coll. of Emergency Phys., Box 61911, Dallas, Texas 75261. At: Marriott's Resort, Kaanapali Beach, Maui, 22 hrs.

April 19-24, 1982 Diagnostic & Therapeutic Skills in Internal Med., USC Sch. of Med., Postgrad Div. 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 30 hrs.

April 24-25, 1982 5th Annual Acute Care Seminar, Queen's Medical Center, Contact: Medical-Dental Staff Office, 547-4484, 10 hours.

April 25-29, 1982 Am. Assn. of Neurological Surgs. Ann. Mtg., 625 N. Michigan Ave., Chicago, Ill. 60611. At: Sheraton-Waikiki, Honolulu, 40 hrs.

May 2, 1982 Drug Action and Interaction, co-sponsored by Hawaii Pharm. Assoc., Lederle Lab, Hawaii Medical Assoc., 320 Ward Ave., Honolulu, Hawaii 96813, 536-7702. At: Ilikai Hotel, 6 hrs.

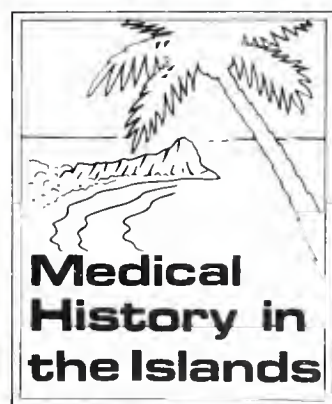
July 19-26, 1982 Fourth Ann. Med. Imaging in Hawaii, Am. Coll. of Med. Imaging, Box 27188, Los Angeles, Calif. 90027. At: Hyatt Regency Hotel, Maui, 24 hrs.

July 13-17, 1982 Endocrine Metabolic Course, USC Sch. of Med. Postgrad Div., 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 25 hrs.

July 17-24, 1982 Cardiovascular Med. & Surg. An Adv. Course. Stanford Univ. Sch. of Med., Stanford, Calif. 94305. At: Mauna Kea Beach Hotel, Kamuela, 22 hrs.

#### **OUT OF STATE**

For information on any out-of-state programs or courses, refer to August 4, 1981, Special Issue of JAMA or call the HMA Office.



## **Plantation Health**

By Charles S. Judd Jr., M.D.

Health care began on the sugar plantations in Hawaii as early as 1850. Health programs instituted by plantations extended care to other rural people who had not had much care previously, and the plantations became the key exponents of medicine in rural Hawaii.

A description of the life of a Chinese laborer who arrived in Hawaii in 1882 provides one of the earliest references to plantation life and health. In his later years, the following was elicited by Dr.

Nils P. Larsen in an interview with him:

"His first impression of the plantation camp was very sad. Where he had expected to see a roomy place, he found himself in a crowded camp house. They slept in double-decker beds, 24 to each room. The meals, however, were very good, and they had pork about once a week. Otherwise the meals consisted of the different Chinese dishes, like beef cooked with vegetables, salt fish, etc. They worked from 6 a.m. to 5 p.m. on weekdays and on Saturdays until 4 p.m. Wages for the contract men were \$12 a month. Since our hero had experience with oxen and plows in China, he received a dollar a day . . .

"The cost of living was very cheap, about \$6 a month for food. A bag of rice (100 lbs.) cost \$3; salt fish, \$1; and 25¢ for a dozen eggs. Bread was 8¢ a loaf, and this was bought only about once a month when someone went into town. Taxes to the United States government were \$5 a year, which was the same amount that had been paid under King Kalakaua's rule . . .

"After working 12 years in Hawaii, our hero accumulated enough money to send for a picture bride from his boyhood vil-

lage in China. He had his picture taken in Honokaa and sent this to the girl's family, whom he had written to ask if they had a single girl. He received in return her picture, and the hope that she might come. The reply being favorable, he made arrangements with the immigration office regarding his bride-to-be who had been a little girl when he left China. They sent the necessary papers to China and in due time she arrived, accompanied by the papers, and was admitted. She was sent to Honokaa and there became his wife . . .

"In their little two-room house, which was all they were permitted in the early days, 12 children were born without a doctor in attendance. The husband always helped at the births, and three days later they went to the plantation doctor to report the birth and get a certificate. It was considered a great shame to have a doctor at the time of birth. Also, the plantation doctor lived far away and never came to the people's homes . . .

"As to illnesses, he remembers his children having boils and measles. He also remembers a smallpox epidemic when many died, but he remembers worse epidemics in Hong Kong. There



# There's more to ZYLOPRIM<sup>®</sup> than (allopurinol).



- From Burroughs Wellcome Co. – the discoverer and developer of allopurinol
- Patient starter/conversion kits available for easy titration of initial dosage
- Patient compliance pamphlets available
- Continuing medical education materials available for physicians



**Prescribe for your patients as you would for yourself.**

*Write "D.A.W.," "No Sub," or "Medically Necessary,"  
as your state requires, to make sure  
your patient receives the original allopurinol.*



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709

was an influenza epidemic which killed many, and occasionally some died of bubonic plague . . . .

"He had no recollection of surgery or accidents, but for a fracture he remembered pulling the bone in place and then applying herbs. Eventually the fracture grew together, but after healing the boy continued to limp. There was no hospital, nor did he know of anyone going to a hospital in the early years . . . .

"He thinks that the government doctor at Paauhau took care of the people of several plantations. Later he remembered that each plantation had a hospital close to the manager's office, but he never went to the hospital. He heard others say both good and bad things about the hospital. He remembers undergoing no physical examinations.

"Beri-beri was quite a common illness, and he remembered a number of people who suffered with swollen feet. When men had it, they felt very weak . . . .

"Conditions in general were very much better for him in Hawaii than they would ever have been in China. He had never had regrets about moving here . . . . Most of the bosses were fair, and he doesn't think there is any place in the world like Hawaii. It gave all the children a better chance than they would have had in China.

"Now 11 children are living as prosperous American citizens. Some of them have gone through high school. Some are teachers, others are successful businessmen. They live in commodious, comfortable homes. There is a great family camaraderie and a healthy spirit of happiness . . . ." ("The Forgotten Man of Hawaiian Sugar," Larsen, Honolulu, 1950.)

By 1890, there were 18,900 plantation employees and 4 hospitals. Plantations

were often located in isolated areas, and the topography of the land made some of them inaccessible except by long roads which were rough and tortuous. To provide adequate care for employees, each plantation built a small well-equipped hospital, manned by an employed physician and an appropriate medical staff. By 1936, there were 26 such hospitals in operation, at which time there were 48,200 employees. Later, as medical care became more specialized, as larger community hospitals were built, and as roads and transportation improved, many of the isolated hospitals closed down, and medical care became available from specialists working in more sophisticated settings.

By 1975, there were no longer any plantation hospitals existing. As the move to community or government hospitals occurred, the plantations began to purchase hospital care for beneficiaries of plantation medical plans on a unit charge basis from each hospital. Likewise they contracted often with groups of specialist physicians to provide professional services for a set fee based on the number of employees.

The Hawaii Medical Service Association, a "Blue Cross, Blue Shield" voluntary health insurance program, offered a plan to the sugar industry in 1940, but it was not accepted. The unionization of sugar workers and the settlement agreements of 1946 were to have meant that medical and hospital care would no longer be provided by plantations for workers. But this did not happen. The plantations continued to provide these services.

Union "dues" were collected monthly for pre-payment medical financing, but these were meager with respect to the actual costs of care. The amount of "dues" and the question of the amount of partici-

pation of the union in the financing of medical care has continued to be a subject in industry-union negotiations.

Major advances were made as early as the 1930s in public health measures on the plantations. Notable were the following:

Mortality rates: Decline of 16.5% from 1935 to 1941.

Hospitalized industrial accident cases on Oahu: Drop of 53% from 1937 to 1941.

Infant mortality: Decline from 80.3 per 1000 in 1937 to 24 per 1000 in 1941.

Tuberculosis: Drop of 40% from 1935 to 1941 (indicating a saving yearly to the territory of \$284,340). Acute respiratory infection morbidity rate: Decline from 25,784 per 100,000 population in 1935 to 14,310 per 100,000 population in 1941.

These proficiencies were outstanding when compared with those of similar industrial groups on the Mainland, and impressive, indeed, considering the fact that the use of the sulfonamides was in its infancy at the time, and that the antibiotics and antitubercular drugs had not yet appeared on the scene.

Much of these excellent results were the work of Nils Paul Larsen, M.D., medical adviser to the Hawaiian Sugar Planters' Association. Arriving in Hawaii in 1919, he busied himself with the jobs of pathologist and medical director of the Queen's Hospital. He soon became interested in teaching, school health programs, medical care of plantation workers, studies of dental caries, improvement of milk supply, and the lowering of infant mortality rates. The health record that he achieved on the plantations received international recognition.

being put to bed only to be discovered dead when the parents or babysitter go to check the child. Try to imagine the devastating shock that a parent or sitter must feel when this occurs.

This disease has been with us for centuries. The Bible even refers to "overlaying."

The SIDS Information and Counseling Project was begun October 1, 1980, at Kapiolani Children's Medical Center and is the first federally funded program in Hawaii to provide a centralized system for the management of SIDS cases throughout the Islands.

Headed by Dr. Dexter Seto, KCMC's director of research and professor of pediatrics at the John Burns School of Medicine, the SIDS project identifies local SIDS cases, gathers statistics, and provides resource data and educational material for professionals and other community service groups. In addition, the SIDS staff conducts management training throughout the state for physicians, public health nurses, coroners, pathologists, police, fire, emergency medical

personnel, and other medical support groups.

In addition to Dr. Seto, project staff members include:

Dr. Eberhard Mann, medical director of KCMC's Child Guidance Center. Dr. Mann is the psychiatric consultant to the SIDS project.

Dr. Herbert Uemura, pathologist. Dr. Uemura works with coroners and medical examiners to identify and confirm SIDS cases throughout the state.

Sharon Morton, R.N., family nurse coordinator. Mrs. Morton works with the family immediately after the death, providing counseling, factual information, and opportunities to meet with other SIDS parents.

Maria Orr, staff coordinator and a SIDS parent. Mrs. Orr organized the local chapter of the National Sudden Infant Death Syndrome Foundation and has been instrumental in coordinating the SIDS activities since 1977.

For more information, contact the SIDS Center at KCMC, 1319 Punahou, Rm. 734, phone: 947-8569.



## Crib Death: Myth or Mystery?

By Sharon Morton

Definitely not a myth. A mystery, maybe! Crib death or SIDS (Sudden Infant Death Syndrome), which is the legal terminology, is a definite disease entity.

Here in Hawaii, approximately 25 babies a year die from this disease. Nationally, approximately 6,000 to 7,000 babies die of SIDS.

A typical SIDS history is that of a healthy baby (age 3 weeks to 1 year)



# Leasing Isn't What It Used To Be.



New tax laws have increased both the Investment Tax Credit and depreciation benefits available through leasing. That means many lease rates are now lower than ever.

In addition, these new laws have made the structuring of leases much more flexible. Now you can negotiate a fixed purchase option, for instance, and still write off the entire lease payment as a business expense.

At Bancorp Leasing we have the expertise to put these expanded tax advantages to work for you, and we can structure a lease that suits your needs perfectly.

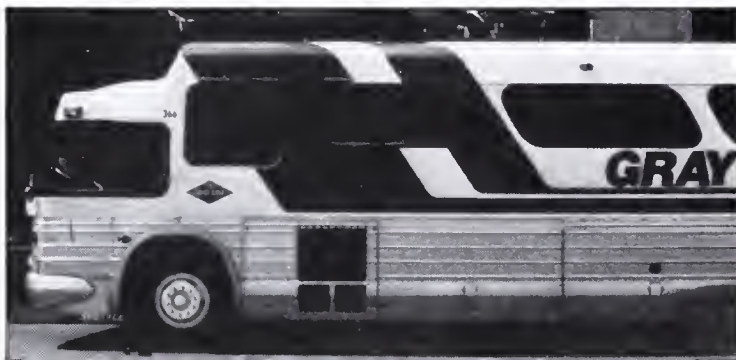
Now that leasing is better than ever, you need Bancorp Leasing more than ever.

Give us a call at 537-8811.

  
**Bancorp Leasing  
of Hawaii**

A subsidiary of Bancorp Hawaii, Inc.  
and an affiliate of Bank of Hawaii.

# It's Better.





# DRAMATIC NEW CLINICAL PROOF\*

**In the treatment of impetigo—**

- **100% cure rate with Tegopen® (cloxacillin sodium)**
- **only a 60% cure rate with penicillin V-K**



**As seen on admission**



**After one week of penicillin V-K therapy**



**Two weeks after initiation of TEGOPEN therapy**

Treatment failure was judged to have occurred when lesions increased in size and/or number during the initial week of treatment with penicillin V-K. No treatment failures occurred with Tegopen.

\*Data on file, Bristol Laboratories.

## Brief Summary of Prescribing Information

**TEGOPEN®**  
(cloxacillin sodium)  
Capsules and Oral Solution

For complete information, consult Official Package Circular.

(12) 9/11/75

### INDICATIONS:

Although the principal indication for cloxacillin sodium is in the treatment of infections due to penicillinase-producing staphylococci, it may be used to initiate therapy in such patients in whom a staphylococcal infection is suspected. (See Important Note below.)

Bacteriologic studies to determine the causative organisms and their sensitivity to cloxacillin sodium should be performed.

### IMPORTANT NOTE

When it is judged necessary that treatment be initiated before definitive culture and sensitivity results are known, the choice of cloxacillin sodium should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semi-synthetic penicillin.

Recent studies have reported that the percentage of staphylococcal isolates resistant to penicillin G outside the hospital is increasing, approximating the high percentage of resistant staphylococcal isolates found in the hospital. For this reason, it is recommended that a penicillinase-resistant penicillin be used as initial therapy for any suspected staphylococcal infection until culture and sensitivity results are known.

Cloxacillin sodium is a compound that acts through a mechanism similar to that of methicillin against penicillin G-resistant staphylococci. Strains of staphylococci resistant to methicillin have existed in nature and it is known that the number of these strains reported has been increasing. Such strains of staphylococci have been capable of producing serious disease, in some instances resulting in fatality. Because of this, there is concern that widespread use of the penicillinase-resistant penicillins may result in the appearance of an increasing number of staphylococcal strains which are resistant to these penicillins.

Methicillin-resistant strains are almost always resistant to all other penicillinase-resistant penicillins (cross-resistance with cephalosporin derivatives also occurs frequently). Resistance to any penicillinase-resistant penicillin should be interpreted as evidence of clinical resistance to all, in spite of the fact that minor variations in *in vitro* sensitivity may be encountered when more than one penicillinase-resistant penicillin is tested against the same strain of staphylococcus.

### CONTRAINDICATIONS:

A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.



**RESULTS OF ORAL THERAPY revealed a high percentage of treatment failures with penicillin V potassium, but *no* failures with Tegopen.**

		Given Tegopen® (cloxacillin sodium)	Given penicillin V-K
<i>Staphylococcus aureus</i>	(78 patients)	39	39
Returned to clinic at one week .....		29†	38†
Treatment failure at one week .....		0	18 (47.4%)
<i>Staphylococcus aureus</i> and <i>Streptococcus pyogenes</i>	(9 patients)	4	5
Returned to clinic at one week .....		4	5
Treatment failure at one week .....		0	2 (40%)
No initial bacterial growth	(14 patients)	9	5
All 14 healed, regardless of which antibiotic was administered.			
Beta-hemolytic <i>Streptococcus</i>	(1 patient)	0	1
<b>TOTALS:</b>	<b>102 patients</b>	<b>52 patients</b>	<b>50 patients</b>

†Eleven patients did not return for their one-week checkup. These were all called by telephone, and their families reported

the lesions had healed. One patient was dropped from the study, early, because of adverse reaction to medication.

## STUDY: DESCRIPTION/PROTOCOL

- 102 nonselected subjects, with initial bacteriology as follows: 77% *Staphylococcus aureus*, 9% mixed *Staphylococcus aureus* and *Streptococcus pyogenes*, and 1% beta-hemolytic *Streptococcus*.†
- All patients were given randomized therapy—Tegopen capsules or oral solution, or penicillin V-K tablets or oral solution, in recommended dosages according to body weight.

- All patients were evaluated after one week's therapy. If there was no improvement, therapy was switched to the other antibiotic. The "other antibiotic" proved to be Tegopen 100% of the time because no treatment failures had occurred with Tegopen.
- A final assessment of progress was made two weeks after initiation of Tegopen therapy.

†The remainder, to equal 100%, consisted of 14 patients (13%) who exhibited no initial bacterial growth. These 14 were all healed, whether given Tegopen or penicillin V-K.

# TEGOPEN®

(cloxacillin sodium)

## -effective therapy for staph infections of the skin and skin structures

### WARNING:

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., pressor amines, antihistamines, and corticosteroids.

Safety for use in pregnancy has not been established.

### PRECAUTIONS:

The possibility of the occurrence of superinfections with mycotic organisms or other pathogens should be kept in mind when using this compound, as with other antibiotics. If superinfection occurs during therapy, appropriate measures should be taken.

As with any potent drug, periodic assessment of organ system function, including renal, hepatic, and hematopoietic, should be made during long-term therapy.

### ADVERSE REACTIONS:

Gastrointestinal disturbances, such as nausea, epigastric discomfort, flatulence, and loose

stools, have been noted by some patients. Mildly elevated SGOT levels (less than 100 units) have been reported in a few patients for whom pretherapeutic determinations were not made. Skin rashes and allergic symptoms, including wheezing and sneezing, have occasionally been encountered. Eosinophilia, with or without overt allergic manifestations, has been noted in some patients during therapy.

### USUAL DOSAGE:

Adults: 250 mg. q.6h.

Children: 50 mg./Kg./day in equally divided doses q.6h. Children weighing more than 20 Kg. should be given the adult dose. Administer on empty stomach for maximum absorption.

N.B.: INFECTIONS CAUSED BY GROUP A BETA-HEMOLYTIC STREPTOCOCCI SHOULD BE TREATED FOR AT LEAST 10 DAYS TO HELP PREVENT THE OCCURRENCE OF ACUTE RHEUMATIC FEVER OR ACUTE GLOMERULONEPHRITIS.

### SUPPLIED:

Capsules—250 mg. in bottles of 100, 500 mg. in bottles of 100.  
Oral Solution—125 mg./5 ml. in 100 ml. and 200 ml. bottles.

**BRISTOL®**

Bristol Laboratories  
Division of Bristol-Myers Company  
Syracuse, New York 13201

Copyright © 1981, Bristol Laboratories

**From what our HMSA members tell us, more doctors seem to be perfecting that old fashioned 'bedside manner.'**

To the patient, every illness is serious, especially surgery. Today more doctors are taking the time to explain what is going to be done, why it's being done and how much it's going to cost. Patients, too, seem to be more concerned and willing to talk

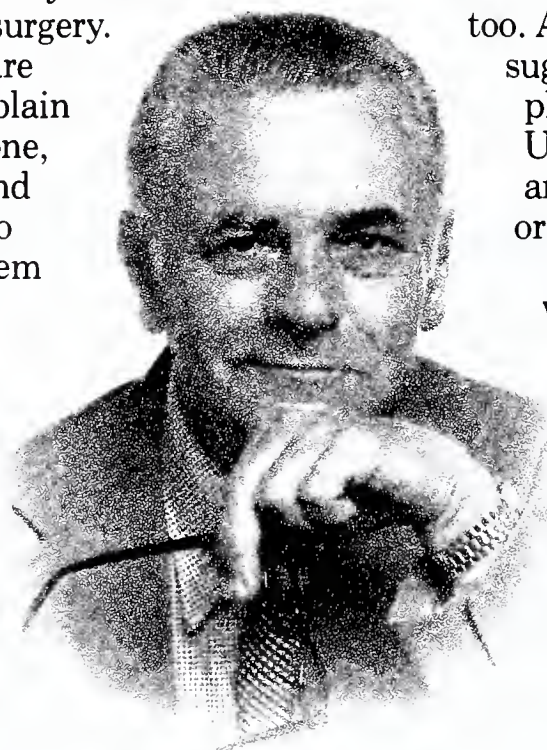
about these important matters.

We think these are both healthy signs. We can all do our part to promote this kind of helpful dialogue.

We'd like to hear from you, too. Anytime you have a suggestion or question, please let us know.

Usually we can have an answer for you in a minute or two.

HMSA — the efficient way, for you and your patients.



# Old Fashioned Dialogue is Back.

**HMSA Utilization Review Department**  
Ph: 944-2355





# Results of a Hospital-Based Thyroxine Screening Program for Congenital Hypothyroidism

Kenneth B. Robbins, M.D., Herbert S. Uemura, M.D.\* and Sorrell H. Waxman, M.D.+

• *Neonatal thyroxine screening programs have proven effective in the early detection of infants with congenital hypothyroidism, thus enabling early medical intervention and the prevention of mental retardation in these infants. In the first 16 months of operation, the neonatal thyroxine screening program at Kapiolani-Children's Medical Center has detected 1 case of primary congenital hypothyroidism from 7,818 infants screened. Replacement therapy was begun at approximately 1 month of age, and the infant has a good prognosis for normal growth and development. The screening program has also detected 2 cases of thyroxine-binding globulin (TBG) deficiency and 2 cases of congenital nephrotic syndrome. One patient with a normal neonatal thyroxine screen was found to be hypothyroid at the age of 7 months. His neonatal thyroxine screen may have yielded a false negative result, or he may represent a case of "evolving" or "cryptogenic" hypothyroidism. As our case experience increases, it will be possible to make a meaningful cost-benefit analysis of the program and an estimate of the incidence of congenital hypothyroidism in the Hawaiian population.*

Congenital hypothyroidism affects approximately 1 in 4,000 infants<sup>1</sup> and results in mental retardation if undetected and untreated in the early months of life.<sup>2</sup> The signs and symptoms of the disease are subtle and may not be evident at birth.<sup>3</sup> Thyroxine (T4) and thyrotropin (TSH) screening techniques have been developed and implemented in the United States, Canada, and other developed countries since 1972. These newborn screening programs have proven effective in the early detection of congenital hypothyroidism, with prevention of subsequent sequelae by appropriate medical intervention.<sup>4,5</sup> In addition, approximately one in 9,000 infants has been found to have low serum thyroxine levels, resulting from congenital thyroxine-binding globulin (TBG) deficiency, a benign inherited condition.<sup>6,7</sup>

Kapiolani-Children's Medical Center established a newborn screening program for congenital hypothyroidism in January 1979. This report presents the results from the first 16 months of operation of this program.

## Method

Neonatal screening for congenital hypothyroidism was begun at our Medical Center on January 31, 1979. A

thyroxine screening test was required for all newborn infants prior to discharge, and the majority of private physicians requested that the test be done by the hospital laboratory. The laboratory screening program was based on a modification of the protocol described by Dussault and his co-workers.<sup>8</sup> Blood was obtained by heelstick from newborns (including premature infants) at the time of discharge from the nursery, spotted on filter paper, and sent to the laboratory.

Automated T4 radioimmunoassays were run on grouped samples 3 times per week. If the individual T4 value was low (defined as greater than 2 standard deviations below the mean for samples run that day, or less than 8  $\mu$ g/dl), T4 measurement was repeated from the original filter paper sample. If the repeat value remained low, the patient was recalled by means of a letter to the patient's private physician.

A second blood sample was then obtained for serum T4 and TSH measurement by specific radioimmunoassays. TSH measurement was only performed if the serum T4 value was abnormal. Further diagnostic studies were determined by the private physicians.

## Results

From January 31, 1979 until May 31, 1980, a total of 7,818 of 7,873 infants born at our Medical Center underwent T4 screening by the hospital laboratory. The remaining infants had T4 determinations performed by other laboratories. Of the 7,818 infants, 209 (2.7%) had low T4 values on the initial screening test. A total of 78 infants (22 term infants and 56 premature infants) had low T4 values on repeated filter paper samples, and letters requesting return for further testing were sent to their private physicians. Serum T4 values were obtained from 17 of the 22 term infants and 10 of the 56 premature infants. Five of the 17 term infants and none of the 10 premature infants demonstrated low serum T4 values. TSH values were normal in 4 of the 5 term infants with low serum T4 values, but markedly elevated in one case.

T4 and TSH values were repeated on the last case and remained abnormal, confirming the diagnosis of primary congenital hypothyroidism. This diagnosis was not suspected by clinical examination at birth. The patient was begun on thyroxine replacement at approximately 1 month of age.

Further evaluation of the remaining 4 cases confirmed the low serum T4 and normal serum TSH, and demonstrated low serum TBG or increased T3 resin uptake in all 4 cases. Two cases (both males) were diagnosed as congenital TBG deficiency. A low TBG value was noted in the

\*Mailing address: Department of Pediatrics and Pathology, John A. Burns School of Medicine, University of Hawaii, 1319 Punahou Street, Honolulu, Hawaii 96826.

Accepted for publication January 1981.

\*Clinical Associate Professor of Pathology

+Clinical Professor of Pediatrics



mother in one of these cases. The remaining 2 cases were diagnosed as congenital nephrotic syndrome, when proteinuria and hypoproteinemia were discovered.

The patients who returned for further testing usually did so within 1 to 2 weeks after notification of the private physician. No formal attempt was made to locate the 51 infants who did not respond to the recall notice sent to the private physician.

One case of primary hypothyroidism was diagnosed at age 7 months, when delayed skeletal maturation was noted on hip radiographs obtained for evaluation of congenital hip dislocation. His screening T4 value as a neonate was within the normal range.

### Discussion

Our screening program has detected one case of primary congenital hypothyroidism from 7,818 infants screened. This infant was not suspected to be hypothyroid at birth and, without the screening program, may have gone undiagnosed until irreversible brain damage had occurred. Because of the early diagnosis, he was begun on thyroxine replacement at approximately 1 month of age and has a good prognosis for normal growth and development.

A second infant, whose neonatal T4 screen was normal, was found to have primary hypothyroidism at the age of 7 months. It is possible that this patient was hypothyroid at birth, but was not detected by our screening program because the criteria for repeating a "low" T4 screen were too restrictive. His T4 screening value may thus represent a false negative result. On the other hand, his case may be one of "evolving" or "cryptogenic" hypothyroidism. In a recent study,<sup>9</sup> approximately 5% of infants with neonatal hypothyroidism were found to have normal T4 screens at birth, but decreased values at 4-6 weeks of age. It is postulated that these infants have thyroid dysgenesis, with insignificant amounts of residual functioning thyroid tissue capable of producing normal T4 levels for only a short time after birth. The incorporation of a second screening period would be expensive and logistically difficult, but would detect this group of hypothyroid patients who may otherwise be overlooked. It is important for the physician caring for infants to be aware that a normal neonatal T4 screen does not guarantee persistent euthyroidism; continued surveillance of all infants for the signs and symptoms of hypothyroidism is necessary.

In addition to the infant with congenital hypothyroidism, 2 infants with congenital TBG deficiency were detected. This is a benign, X-linked inherited condition which requires no treatment, and is well described in the literature.<sup>6, 7</sup> It can be confirmed by the demonstration of low levels of TBG in the infants' close relatives.

The decision of 2 cases of congenital nephrotic syndrome by our screening program was quite unexpected. Congenital nephrotic syndrome is an extremely rare and frequently fatal condition characterized by proteinuria, hypoproteinemia, and the gradual onset of edema and ascites.<sup>10, 11</sup> TBF, thyroxine-binding prealbumin (TBPA) and albumin, the 3 known thyroxine-binding proteins, and presumably depleted through renal losses in this disease,<sup>12</sup>

thus lowering total thyroxine levels. As in congenital TBG deficiency, TSH values are normal, reflecting the normal free thyroxine levels and euthyroid state of these patients.<sup>13</sup>

Premature infants accounted for the majority of low screening T4 values. It is well known that premature infants have significantly lower T4 levels than full term infants and that these levels gradually rise towards normal neonatal values as the infant matures.<sup>14</sup> The diagnosis of primary congenital hypothyroidism should be considered in premature infants with low serum T4 and elevated serum TSH values.<sup>15</sup> T4 measurement should be repeated as the premature infant approaches maturity. Serum T4 values are normal for all 10 of the premature infants in our study who returned for follow-up.

Failing to return for further evaluation after a recall notice was sent to the private physician were 23% of term infants and 82% of premature infants with low T4 screening values. Although these infants were lost to follow-up by our program, further thyroid function studies may have been ordered independently by the private physicians. A follow-up of these patients through a questionnaire sent to their private physicians is presently being evaluated.

Our neonatal thyroxine screening program has proven beneficial in the early detection and treatment of one case of congenital hypothyroidism. There have not been a sufficient number of infants screened to allow for a meaningful cost/benefit analysis. In addition, a statement regarding the incidence of this condition in Hawaii is not yet possible. As our screening program is further refined and our case experience increases, this information may become available.

### ACKNOWLEDGMENTS

We are indebted to Mildred Lee, M.T. (A.S.C.P.) for technical assistance and preparation of statistics for this project.

### REFERENCES

1. Fisher DA, Dussault JH, Foley TP, et al: Screening for congenital hypothyroidism: Results of screening one million North American infants. *J Pediatr* 94:700, 1979.
2. Raiti S, Newns GH: Cretinism: Early diagnosis and its relation to mental prognosis. *Arch Dis Child* 46:692, 1971.
3. Smith DW, Klein AM, Henderson, JR, et al: Congenital hypothyroidism — signs and symptoms in the newborn period. *J Pediatr* 87:958, 1975.
4. Recommendations for screening programs for congenital hypothyroidism: Committee of the American Thyroid Association. *J Pediatr* 89:692, 1976.
5. Burrow GN, Dussault, JH, Editors: *Neonatal Thyroid Screening*. New York, Raven Press, 1980.
6. Dussault JH, Letarte J, Guyda H, et al: Serum thyroid hormone and TSH concentrations in newborn infants with congenital absence of thyroxine-binding globulin. *J Pediatr* 90:264, 1977.
7. Stanbury JB, Aiginger P, Harbison MD: Familial goiter and related disorders, in DeGroot LJ, Cahill GF Jr., Martin L, et al: *Endocrinology*. New York, Grune and Stratton, 1979, pp.523-539.
8. Dussault JH, Coulombe P, Laberge C: Newborn screening of hypothyroidism, in Fisher DA and Burrow GN, Editors: *Perinatal Thyroid Physiology and Disease*. New York, Raven Press, 1975, p. 221.
9. LaFranchi SH, Buist NRM, Murphey WH: Results of a screening program for neonatal hypothyroidism with specimen collection at two time periods. *Clin Res* 28:94A, 1980.
10. Hallman N, Norio R, and Kouvalainen K: Main features of the congenital nephrotic syndrome. *Acta Paediatr Scand, Suppl.* 172:75, 1967.
11. Huttunen NP: Congenital nephrotic syndrome of Finnish type: Study of 75 patients. *Arch Dis Child* 51:344, 1976.
12. Huttunen NP, Savilahti E, Rapola J: Selectivity of proteinuria in congenital nephrotic syndrome of the Finnish type. *Kidney Int.* 8:225, 1975.
13. Rasoulopour M, McLean R, Siegel N, et al: Compensated hypothyroidism in congenital nephrotic syndrome. *Pediatr Res* 12:546, 1978.
14. Cuestas RA: Thyroid function in healthy premature infants. *J Pediatr* 92:963, 1978.
15. Fisher DA: Thyroid function in the premature infant. *Am J. Dis Child* 131:842, 1977.





# MEMBERSHIP APPLICATION

320 WARD AVENUE, HONOLULU, HAWAII 96814  
PHONE 536-7702

I am applying for membership in: (please check) ☐ County Medical Society/  
Hawaii Medical Association  
☐ American Medical Association

Date \_\_\_\_\_

NAME: \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_  
Last First Middle

OFFICE: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Street City State Zip Code Exchange: \_\_\_\_\_

HOME: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip Code

BIRTH: \_\_\_\_\_  
Date Place

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Address: \_\_\_\_\_

Residencies: \_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_ Dates: \_\_\_\_\_

Specialty: Primary \_\_\_\_\_ Board Certified: Yes ☐ No ☐  
Secondary \_\_\_\_\_ Board Certified: Yes ☐ No ☐

Hawaii License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Other state licenses \_\_\_\_\_

Local Hospital Affiliations: \_\_\_\_\_

Most recent practice locations: (city, state, and dates)  
\_\_\_\_\_

Date started practice in this County: \_\_\_\_\_

Last previous membership in any Medical Society: \_\_\_\_\_

Membership classification in last previous society: \_\_\_\_\_

Has your license to practice medicine ever been denied, suspended, or revoked by a government agency?  
Yes ☐ No ☐ If yes, please set forth details in a separate letter.

Have you ever been suspended or expelled from membership in any medical society? Yes ☐ No ☐  
If yes, please set forth details in a separate letter.

If elected to membership, I agree to conduct myself professionally and personally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the County Society, the Hawaii Medical Association, and the American Medical Association.

I hereby release, and hold harmless from any liability or loss, the \_\_\_\_\_ Medical Society, and the Hawaii Medical Association, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for membership.

I certify and swear that all statements in the foregoing application are true to the best of my knowledge.

NAME OF RECRUITER (Credit to): \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Sponsor's Signature)

\_\_\_\_\_  
(Sponsor's Signature)

Note: A physician who is a sponsor will not automatically receive credit unless indicated as the "recruiter" on this form.

Sponsors must be Active Members of County Society and Hawaii Medical Association



Friday, January 15, 1982  
5:30 p.m.  
320 Ward Ave., Suite 200

#### PRESENT:

Drs. Ann Catts, Calvin Kam, K.Y. Lum, Neal Winn, Herbert Chinn, William Iaconetti, Thomas Cahill, Ernest Bade, James Lumeng, Peter Kim, Philip Hellreich, Stephen Wallach, Henry Fong, Nadine Bruce, E. Lee Simmons, Walter W.Y. Chang, Arch Wigle, Russell Stodd, George Mills, George Goto, Donald Char, Charlotte Florine, Doris Jasinski, and Robert Sitkin. Staff present were Messers: Won, Ajifu, Leineweber, and Jones; Mmes. Kendro, Chang, Wong, and Asato.

#### CALL TO ORDER:

The meeting was called to order by President Dr. Catts at 5:35 p.m.

#### MINUTES:

The minutes of the December 11, 1981, meeting were approved as circulated.

#### REPORT OF THE SECRETARY:

The Council reviewed the December 1981 Report of the Secretary. Total membership was 1,119, of which 750 were active full-pay compared to December 1980 with a total membership of 926, of which 675 were active full-pay.

#### REPORT OF THE TREASURER:

The November 30, 1981, financial statement was reviewed in detail. The balance sheet showed the cash savings fund at \$152,402.20 which includes dues collected; prof/loss in general fund at \$43,333.73 and total ending fund balance of \$502,775.13. Income listed on the financial statement of \$36,054.88 is due to monies invested. Current month shows a net decrease of \$17,907.15 and year-to-date net decrease of \$43,333.73.

#### ACTION:

The Treasurer's Report was approved and filed subject to audit.

#### REPORTS OF COMMISSIONS AND COMMITTEES:

##### A. Internal Affairs

*Scientific Program:* The Scientific Program Committee submitted recommendations concerning registration fees to be charged at the 126th Annual Scientific Meeting of the HMA. The following actions were taken:

#### ACTION:

It was moved, passed, and seconded that the fee should be waived for HMA members attending the meeting.

#### ACTION:

It was moved, seconded, and passed that the fee should be waived for the

World Medical Association physicians wishing to attend the meeting.

#### ACTION:

It was moved, seconded, and passed that a fee of \$100 should be charged to all HMA non-members.

It was further reported that the World Medical Association will fund the cost of transportation for its members for the live clinics to be held at the various hospitals.

*B. EMS:* Dr. Robert Sitkin, newly appointed project director for the EMS Program, was introduced. Dr. Sitkin stated that EMS will be conducting the 40th EMT course and the 23rd MICT course. There are a number of problems which involve legislation and EMS will need strong support from the Legislative Committee. Several committees have been meeting to try to resolve some of the problems regarding pronouncement of death. Many problems are involved in how or who should be responsible for the pronouncement of death and signing the death certificate. Legislation needs to be introduced to resolve these problems. A state advisory committee under the direction of Dr. Thomas Burch also is working on this problem. There will be further discussion on suggested remedies to solve the problems and what should be proposed that would satisfy all areas of concern at future meetings.

##### C. Interprofessional/Public Affairs

*Public Affairs Committee:* Dr. Charlotte Florine reported that the Hawaii Newspaper Agency plans to publish a special biennial edition of the Honolulu Advertiser on February 23, 1982, special feature, "Dreams of Hawaii." The agency is soliciting an ad from HMA. The prices vary, of course, depending on the size of the ad and whether it would run in the Advertiser only or the Star Bulletin as well. The committee recommended an ad be run in both papers, 3 x 3" (9 col. inches), \$174.28 including tax. It was further suggested that Honolulu County Medical Society may be interested in having a joint ad with HMA.

#### ACTION:

It was moved, seconded, and passed that HMA ask HCMS to share the cost to run a 3 x 3" ad, \$174.28, in the special edition, "Dreams of Hawaii," to be published February 23, 1982, in the Advertiser and Star Bulletin.

*TV-Radio Committee:* Dr. Florine also reported this committee is still exploring the possibility of a TV program as it may be possible to get free time for a medical program. The Council will be kept up to date.

*Publications Committee:* Dr. Doris Jasinski reported on the HMA Journal. The Council had passed a student rate of \$5 but this does not cover the cost which is at least \$8. There are about 100 student members; however, none of them are subscribers at this time. Student subscriptions have not been promoted but the committee would like to do so. Several recommendations were made to the Council by the Publications Committee and the following actions were taken:

#### ACTION:

It was moved, seconded, and passed that students and residents who are members of HMA will be charged \$5 for the HMA Journal and non-member students and residents will be charged \$10.

#### ACTION:

It was moved, seconded, and passed that HMA accept the proposal of Cross-

roads Press to publish the October 1982 issue of the HMA Journal as a Directory or Roster of Hawaii Physicians.

#### ACTION:

It was moved, seconded, and passed that the directory include information on HMA members, as well as listings of non-member physicians who request and purchase space in the directory; and that HMA solicit non-members to purchase a listing for \$25.

#### ACTION:

It was moved, seconded, and passed that non-members be included in a separate section of the directory.

#### D. Public Health

*Sports Medicine:* Dr. James Lumeng reported that the Sports Medicine Committee, Dr. Allen B. Richardson, chairman, under HMA is sponsoring a Sports Medicine Symposium to be held Saturday, February 6, 1982, at Kaimuki High School auditorium. Winter sports will be discussed as well as nutrition, conditioning, injuries, and training. Love's Bakery has donated 10 dozen donuts. No registration is required.

*Cancer Committee:* Dr. Philip Hellreich, co-chairman, Skin Cancer/Melanoma Technical Subcommittee, submitted to the HMA Cancer Committee and to the HMA Council a request for HMA support of a proposed Melanoma Tumor Board (MTB). The purpose of the MTB is to provide the best multidisciplinary case management advice in the state of Hawaii to practicing physicians wishing to present their melanoma cases. There are 70 more cases of malignant melanoma in the state each year. The board would consist of 6 specialist volunteers: a dermatologist, plastic surgeon, general surgeon, oncologist, pathologist, and radiotherapist, rotated from a list submitted by their respective professional societies. There would be no fee for the service. A request for funding has been submitted to the state Department of Health. The HMA was not asked for financial support.

#### ACTION:

It was moved, seconded, and passed that HMA endorse the proposal to establish a Melanoma Tumor Board.

*E. Medical Education:* Dr. Nadine Bruce reported on the activities of the HMA/CME Committee. For the first time the committee denied an application for reaccreditation for CME for the Hawaii Heart Association. It was found during the survey of the Association that specific deficiencies were noted in criteria guidelines not being followed; physician attendance was poor; only 2 programs had been presented and no physicians had been involved in the planning of the programs.

It was recommended to the Hawaii Heart Association that applications for Category I CME programs be submitted to the HMA for accreditation.

The Association subsequently has appealed the HMA denial of accreditation and this is pending. The Council will be kept up to date on the outcome of the status of the Hawaii Heart Association.

The computer print-outs of CME credit hours for individual physician members were mailed to all members last October. Since that time problems have developed with the computer in getting print-outs when members have requested them. The computer programmers are working on the program and will be meet-



ing with HMA to evaluate the problems and to re-establish the ability to get accurate print-outs of physicians' CME records.

A question was raised whether CME information sent to HMA by individual members from courses attended on the Mainland or courses attended locally and not subject to reporting to HMA should be included in the computer print-outs. It was agreed by the Council that only Category I Hawaii-sponsored programs that do report records to HMA be kept in the computer. All other information will be kept on file for the physicians and included in the mailings of his/her HMA computer print-outs. All physicians should be encouraged to maintain their own files on CME activities, especially those attended out of state, since the information on the certification sent to HMA often is incomplete.

F. *Legislation*: The 1982 Legislative Session will open Wednesday, January 20. Interested HMA members are encouraged to attend the opening sessions on Wednesday. The Legislative Committee and the Executive Committee have been screening people for HMA lobbyist. No decisions have been made yet. Council will be informed as to the final decision.

G. *MIEC*: **Jon Won** reported that 50 doctors have applied or been accepted for the MIEC and expect probably another 50 by the end of this year.

H. *A&T, Inc.*: The incorporation papers have been finalized and filed for A&T, Inc. All necessary resolutions will be completed at the A&T Board meeting on January 28. A&T will start printing several of the forms used by HMA/HCMS, such as back to work forms, also referral forms. A catalog will be out soon on all of the services A&T can provide. Sales are around \$35,000 to \$40,000 for the months of October, November, and December.

I. *Business Medicine Coalition*: **Dr. Neal Winn** stated that the two subcommittees — one on health education and one on employee disabilities — have been meeting.

Letters were mailed to all specialty societies to request they list 2 or 3 of the most common disabilities under each specialty and also any guidelines for those disabilities.

The subcommittee on disability is planning on a panel presentation at the HCMS General Membership Meeting for April.

The subcommittee on health education has been meeting to discuss how to develop articles on wellness, cost containment, generic drugs, and routine physicals and lead tests. These topics will be referred to specialty societies requesting physicians to help write the articles to be sure the information is accurate.

A&T probably will be asked to quote on the printing of the articles. This information is to be distributed to employees through the various businesses in their in-house newsletters. The Council will be kept informed of the activities of the two subcommittees.

J. *HAMPAC*: To date, there are 20 members who have paid. All HMA members are urged to support HAMPAC.

K. *Medical Services*

**Dr. Bernard Scherman**, commissioner of Medical Services, submitted a written report on the following committees under this commission:

*Fee Survey Committee*: The committee is conducting a survey of new procedures to determine the charges in the community to determine what is acceptable. This survey is to be combined with CPT-4 and is to be the basis of determining community standards. There are no plans to publish on RVS; however, the committee will follow the California State

RVS closely and report on progress as it develops.

*Insurance Committee*: This committee plans to meet once a month to evaluate the different plans available to physicians and their staff and to rate them; to get information on the Supreme Court decision regarding employers not supplying employees with medical insurance coverage; and to continue seeking information on the Chip plan and the Redwood foundation to determine the feasibility of a private contract for physicians and these insurers.

*Medicare/Medicaid Committee*: The committee plans to meet in the near future to discuss problems with Medicaid costs in nursing homes.

*Negotiations Committee*: On-going meetings with **Dr. Robert Thune**, chairman, are being held.

*Worker's Compensation Committee*: This committee is holding meetings with representatives from a worker's compensation program and others to discuss plans for assisting worker's compensation with its problems.

L. *Cancer Commission*: Nominees for representatives to the Cancer Commission were presented for approval by Council.

#### ACTION:

**It was moved, seconded, and passed that Drs. Thomas C. Hall, Reuben Guerrero, and Reginald Ho will be the representatives to the Cancer Commission.**

#### REPORTS OF COUNTY SOCIETY PRESIDENTS:

A. *Honolulu*: **Dr. Thomas Cahill** reported that the Membership Meeting will be held February 2 at Kuakini Medical Center Auditorium. Speakers will be **Senator Neil Abercrombie**, "Barriers in Health"; **Representative Connie Chun**, "Hottest Bills for this Session"; and **Douglas Bell II, M.D.**, "HMA's Position in Current Bills." The HCMS will be having a radio program on K108; **Drs. Nancy Edwards** and **John Corboy** will recruit physician speakers for the program.

B. *Hawaii County*: **Dr. Ernest Bade** reported that their Society had a meeting January 14 which featured as the speaker a rheumatologist from Ohio. The radio program, which has been ongoing for 1 year, is doing very well although the times was cut back from 30 to 15 minutes.

C. *West Hawaii County*: This Society now has 22 members. The next meeting is planned for Tuesday, January 19, at which time officers will be elected and installed. The situation is improving some at the hospital but not back on 100% running basis.

#### OTHER BUSINESS:

*AMA Delegate's Report*: **Dr. Herbert Chinn**, HMA delegate to AMA, submitted a 4-page report detailing the highlights of the AMA Interim Meeting which was held December 6-9, 1981, in Las Vegas. Also attending this meeting were **Drs. Will Iaconetti**, alternate delegate, **Ann Catts**; and **Jon Won**.

Among the actions taken by the AMA House were:

Supported legislation to delete the 3-day prior hospitalization requirement for providing extended care facility benefits under Medicare;

Opposed federal intervention into physician's prescribing practices;

Reaffirmed its commitment to the development and maintenance of voluntary, professionally-directed peer review and adopted a set of principles for voluntary peer review;

Adopted a Judicial Council report which HMA introduced in July to allow physicians

to charge interest on unpaid balances of patients' accounts (the report also calls for physicians to notify the patient in advance of this policy, to apply this policy only to charges incurred from this time forward, to comply with state and federal laws and regulations, and to make exceptions in hardship cases);

Adopted a policy emphasizing the right of hospitalized patients to choose their own physicians; and

Requested further study of the issue of competition between hospitals and physicians.

**Dr. Chinn** further presented two recommendations to the Council: to direct the HMA Legislative Committee to obtain legislation specifying that income of health care providers obtained from our Medicaid program, not be subject to the state's general excise tax; and since projected increase in medical liability suits, direct Legislative Committee to seek enactment of Indiana-type medical liability law which sets limits on medical liability. These recommendations will be referred to the Legislative Committee and the Malpractice Committee.

*Hawaii Medical Library*: **Dr. Cahill** reported that to date over 300 responses had been received from the special survey concerning the Hawaii Medical Library. HCMS will review the results from this survey and make recommendations to the Library Board.

*Fluoridation*: **Dr. Cahill** commented that discussions had been held previously concerning fluoridation of the water but no actions had ever been taken and feels strongly that some attempt should be made to get the water in Hawaii fluoridated.

#### ACTION:

**It was moved, seconded, and passed that the Legislative Committee introduce legislation to attempt fluoridation of the water in Hawaii.**

*Hawaii Nutrition Council*: The Hawaii Nutrition Council is planning a May workshop on nutrition and pregnancy. This program will be held on Oahu, Maui, and Kauai. The county presidents will be contacted after details are finalized. HMA was asked to write a letter to the Chamber of Commerce, Public Health Committee in support of the program. The Council had no objection to writing the letter of support.

*Travel Agency*: **Dr. Winn** reported that contacts have been made with some travel agencies to explore the feasibility of HMA setting up a terminal in the HMA office with a staff person from a travel agency to make arrangements for trips for HMA members. The commissions received would pay the expenses and whatever money left over after expenses would be split 50/50. **Dr. Winn** asked Council if there were any objections to continue to explore this possible HMA travel agency plan.

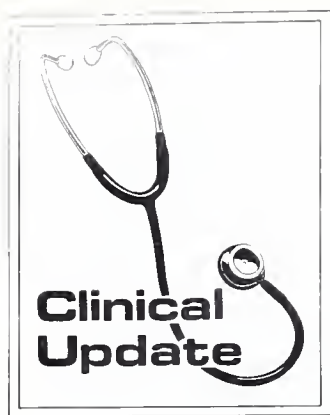
#### ACTION:

**It was moved, seconded, and passed that efforts to explore the feasibility of an HMA travel agency plan continue providing there is no outlay of money from HMA.**

*PSRO*: PSRO will be phasing out around the middle of March and some determination should be made on how quality and utilization reviews in acute care hospitals will be continued and who will be doing these reviews. HMA plans to have a meeting with the chiefs of medical staffs from the local hospitals, PSRO, and the Hospital Association to discuss this important issue.

ADJOURNMENT.





## Rehabilitation and Continuing Care Program for Cancer Patients

By Kathleen A. Hawes, M.P.H.

The multidisciplinary approach to the care of oncology patients is being used effectively by Hawaii physicians. Hospital tumor conferences, telephone task force discussions and consultations share the expertise of a variety of specialists to ensure optimum patient care.

The Community Cancer Program (CCPH) of the Cancer Center of Hawaii has broadened the applicability of a multidisciplinary team care approach to extra-medical/psychosocial cancer care. Since 1978, CCPH-supported rehabilitation and continuing care (R/CC) coordinator and team programs have been in operation at Kaiser Foundation Hospital and Kuakini Medical Center on Oahu. In 1981, 4 more programs were begun, at Kapiolani-Children's Medical Center, G.N. Wilcox Memorial Hospital (Kauai), Hilo Hospital (Hawaii) and J. Walter Cameron Center (Maui).

The R/CC coordinators are specially trained nurses who work with physicians and multidisciplinary oncology team members to assure the best possible care for cancer patients and their families. In all but one program (Maui), the R/CC coordinators are hospital-based; however, their responsibility to provide a continuum of care brings them regularly into the home and community settings. Their primary responsibilities are to meet regularly with physicians and team members for case management, to provide problem assessment and intervention in the form of psychosocial/extra-medical care and emotional support, to meet education and information needs of patients and families, and to coordinate services from among oncology team members and community agencies.

There are many reasons for the programs' success — careful planning and adaptation of oncology programs by the staffs at Queen's Medical Center and St. Francis Hospital, commitment, hard work, competence of the coordinators, and the support and cooperation of physicians and team members. Over 840 pa-

tients and families have been part of the program; over 200 physicians have made referrals.

Major changes have occurred as a result of this program:

- 1) Multidisciplinary oncology teams now operate on 3 Neighbor Islands and at 3 Honolulu hospitals.
- 2) R/CC coordinators have joined with oncology staff from Queen's Medical Center and St. Francis Hospital to form an informal statewide network to alleviate problems faced by Neighbor Island patients and families who must travel back and forth to Honolulu for treatment.
- 3) This network provides a forum for information exchange, planning, and professional support among the coordinators.
- 4) An updated Directory of Community Resources for Cancer Patients has been maintained and expanded to include Neighbor Island and pediatric resources.
- 5) A comprehensive training program, developed through the joint effort of St. Francis Hospital and Queen's Medical Center, has been used to train coordinators and teams, and is currently being revised for greater Hawaii and Mainland distribution. In conjunction with an oncology skills training program developed by another CCPH project on Maui, it will be used as a basis for a University of Hawaii School of Nursing course and American Cancer Society professional education offerings.

The success of the R/CC programs and their importance to patients, families and staff have not been overlooked by Hawaii hospital administrators, who are working toward continuing the programs with local funding, following the end of federal funding. Kuakini, Kaiser, Wilcox, and Maui Memorial have announced their intention to continue the program.

Recognition of the extra-medical dimension of cancer care as important and multi-faceted led to the development of the R/CC programs. The successful implementation of the approach has resulted in benefits for cancer patients, families and health professionals committed to quality care.

★★★★

## Evaluation of the Sexually Abused Patient: Rape

By Roy T. Nakayama, M.D.

Rape, or sexual abuse, is one of the fastest rising crimes in the United States. Forty-six thousand cases were reported in 1980. However, it is estimated that only 10% of cases are reported. Rape is defined as carnal knowledge of an individual (female or male) by an assailant by force and against her or his will.

Contrary to popular opinion, rape is not a sexual act or an act of passion, but,

in fact, an act of violence with sex as the weapon. Interviews with convicted rapists have established that the assailant seeks domination over another individual. Sexually abusing another individual is the ultimate humiliation which could be inflicted upon an individual.

**Role of the Physician:** The physician has 3 basic roles in the evaluation of the sexually abused patient:

1. Evaluation and treatment of medical problems
  - a) Trauma
  - b) VD and exposure
  - c) Pregnancy prophylaxis
2. Psychological support
3. Collection of evidence

The role of the physician is not to determine whether rape has occurred. The determination of rape is a legal question. The physician may render opinion as to whether intercourse has occurred in the recent past and whether there has been trauma. It is important that physicians avoid answering any questions, or rendering any opinion whether the victim has been raped.

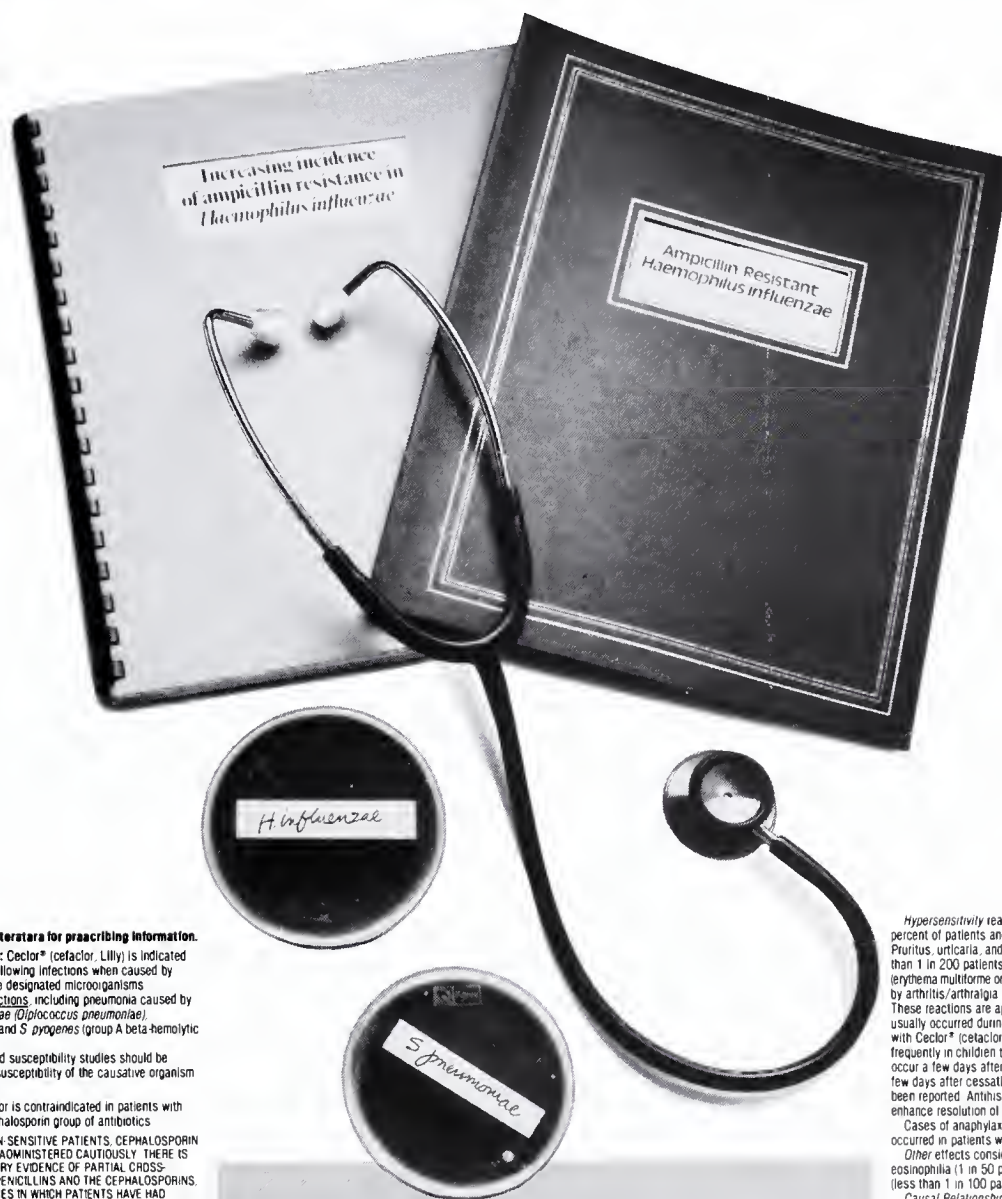
**Evaluation and Treatment of Medical Problems:** As with any other evaluation of a medical problem, the physician should begin with the pertinent history. This should include the time of the attack, collection of data concerning physical force used (trauma), menstrual history, contraceptive history, and venereal disease history. When recording data, the physician should be careful not to record any unnecessary information concerning the assault. If different parties interviewing the victim report conflicting data, the case may be jeopardized and thrown out of court. For instance, if the police record the place of attack as Waimanalo, but the physician records the place of attack as Waianae, the discrepancy in the data collected may result in reasonable doubt in the minds of the jury members and subsequently result in acquittal.

The physical examination should begin with determination of the extent of trauma, followed by any further testing as necessary, such as X-rays or laboratory tests. The pelvic examination should again concentrate on evidence of trauma. The physician should further examine for signs of existing pregnancy and exposure to venereal disease. Culturing for gonorrhea in the endo-cervix, rectum, urethral meatus and oral pharynx should be done to determine recent exposure. A serology for syphilis will reveal previous exposure to spirochetes.

**Psychological Support:** A victim who recently has been raped will be disoriented and disorganized. Her feelings may range from fear, humiliation, and embarrassment to anger, revenge and self-blame. Self-blame is compounded by societal attitudes — "She was asking for it." It is important for the physician to aid the victim in ventilating feelings. Referral to a psychiatrist or a clinical psy-



# An added complication... in the treatment of bacterial bronchitis\*



## Brief Summary.

Consult the package literature for prescribing information.

**Indications and Usage:** Cefclor® (cefclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefclor.

**Contraindication:** Cefclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefclor, should be administered cautiously to any patient who has demonstrated some form of allergy particularly to drugs.

**Precautions:** If an allergic reaction to cefclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefclor may result in the overgrowth of non-susceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

**Usage in Pregnancy:** Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

**Usage in Lactation:** Safety of this product for use in infants less than one month of age has not been established.

**Adverse Reactions:** Adverse effects considered related to cefclor therapy are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Cefclor.

**Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Cefclor.<sup>1-6</sup>**

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cefclor.<sup>7</sup>

# Cefclor®

## cefclor

Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthritis and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefclor® (cefclor). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain:** Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic:** Slight elevations in SGOT, SCPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic:** Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal:** Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[100281R]

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

**Note:** Cefclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

## References

1. Antimicrob. Agents Chemother., 8:91, 1975.
2. Antimicrob. Agents Chemother., 11:470, 1977.
3. Antimicrob. Agents Chemother., 13:584, 1978.
4. Antimicrob. Agents Chemother., 12:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), 11:880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases edited by C.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett, p. 487. New York: John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc., Carolina, Puerto Rico 00630.

200066



chologist may be necessary. Victims of rape will benefit from counseling by professionals, such as social workers at the Sexual Abuse Treatment Center of Honolulu (SATC).

**Collection of Evidence: Sensitive Questions.** We have found at the Sexual Abuse Treatment Center that victims of rape are more comfortable answering questions of a very sensitive and sexual nature to a physician, especially the physician who is performing the examination. In the past, these questions were asked by detectives and were met with much resistance; this possibly contributed to the low rate of prosecution. Some of the questions asked are, "Did you feel his penis inside you?" or "Did the assailant reach a climax?" or "Did the assailant insert any foreign objects into your vagina or anus?" Answers to these questions, collected by physicians, have been accepted in court without problems.

Collection of physical evidence should include photographs of all lesions with a marker to allow determination of size of lesions; photographs should be labeled with the patient's name. Photographs should be in color, with the greatest resolution possible.

The patient's lower body should be scanned with a Wood's lamp (ultraviolet light) since semen fluoresces under ultraviolet light. Scrapings from under the victim's fingernails and, if applicable, toe nails, for traces of the assailant's skin and hair should be collected, and the pubic hair combed to collect loose hairs in the pubic region. Three or four of the victim's hairs also should be plucked and submitted separately, as a standard against which to compare hair from the pubic combing. The police laboratory will be able to compare the hair roots to determine the origin of the hair. Any clothing worn at the time of the assault should be collected, bagged separately, and sent to the police for examination. Laboratory examinations should include a wet mount for sperm count and motility, pap smear for the presence of sperm, urinalysis for the presence of sperm, and vaginal washing for acid phosphatase determination. Acid phosphatase is extremely high in semen but is very low in normal vaginal secretions.

**Chain of Custody.** All of the materials collected must not only be labeled, but should never leave the physical possession of the examiner or authorized assistant, unless locked away. At the Sexual Abuse Treatment Center, all the equipment necessary for the collection of evidence is placed in a large locked box. Upon the admission of the sexual assault victim, the box is brought from the laboratory and signed over to the Emergency Room nurse. The nurse will then arrange the equipment in preparation for examination by the physician. Collection of evidence should be done in an orderly fashion to diminish discomfort to the patient. After all the evidence has been collected,

it is appropriately labeled and placed in the locked box. The box, locked and secured, is then signed over to the laboratory technician who takes it to the laboratory and immediately performs the appropriate examinations. At no time during the collection or examination of evidence is any part of the evidence left unattended.

**Treatment:** Treatment should center initially upon the trauma sustained by the victim. Subsequently, attention is turned to venereal disease (prophylaxis), pregnancy prevention, tetanus toxoid, psychologic counseling and sedation.

**Follow-up:** At the 2-week follow-up visit, repeat gonorrhea cultures are taken from all sites at the first examination. During a 6-week examination, the serology should be repeated. The serology taken at 6 weeks will indicate infection at the time of the assault. If the patient did not have appropriate contraception, abortion may be necessary with the appropriate counseling. Long-term psychologic counseling also may be indicated with or without referral to psychiatrist or clinical psychologist.

#### REFERENCE

1. Burgess, AW, Holmstrom K., Rape Trauma Syndrome. *Am. J. Psych* 131:981, 1974.



HARRY L. ARNOLD, JR. M.D.

Lipid (gemfibrozil) has just been marketed, with FDA approval, by Warner-Lambert, for the purpose of reducing low-density lipoproteins and raising the level of high-density lipoproteins in the blood. Triglycerides have been reduced as well, in 80% of 785 patients, and cholesterol has fallen 20%, or to normal, in 50% of the subjects. It comes in 300-mg capsules, and its future looks bright!

\* \* \*

*The Southern California Physicians Insurance Exchange (SCPIE, and it's not meant to be pronounced) announces a continuation of the 1981 rates, a \$5.5 million refund to subscribers in various categories, a reduction of specialty classifications for 5 groups, and premium reductions for many classes of early subscribers. Call Jack Meyer at (213) 551-3842 if you're interested.*

\* \* \*

Ketoconazole (Nizoral, Janssen) has not replaced griseofulvin except in treatment-

resistant *Tr. rubrum* infections and some cases of onychomycosis, though its more rapid action largely cancels out the price differential. In mucocutaneous candidiasis it is curative; it is effective in histoplasmosis, blastomycosis, and coccidioidomycosis.

\* \* \*

*Azathioprine (Imuran, Burroughs-Wellcome) is now approved by the FDA for use in rheumatoid arthritis, though conventional therapy, and (according to Medical Letter consultants) gold and penicillamine ought to be tried first. The initial dose of 50 to 100 mg daily may be increased every 4 weeks in increments of about 25 mg a day, to a maximum of about 250 mg a day.*

\* \* \*

The only supersensitive pregnancy test not using radioactivity is OREIA II beta-HCG, just released by Organon Diagnostics. Only pipettes and a spectrophotometer are required for its use. To ask about it phone Richard Rizzuto at (201) 325-4525.

\* \* \*

*Neurofibromas may shrink gratifyingly if injected with a small amount of Kenalog diluted (with saline) to 20 mg/cc, says John R. Tkach, M.D., of Bozeman, Mont., in the November issue of the Tkach Letter.*

\* \* \*

The American College of Cardiology will hold its 31st annual scientific session April 25-29, 1982, in Atlanta, Ga. Write to their meeting services department at 9111 Old Georgetown Rd., Bethesda, Md. 20814, if you're interested.

\* \* \*

*Amiloride (Midamor, Merck) is now approved by the FDA for maintaining normal potassium levels in patients on hydrochlorothiazide. By itself it is only a weak diuretic.*

\* \* \*

The *Medical Letter* easily controlled its enthusiasm for Mezlin (Miles Pharmaceuticals' mezlocillin sodium), a relatively new alternative to carbenicillin and ticarcillin, for parenteral use only, and a little costlier than either of these. It is good, but should never be used except on the basis of known antimicrobial susceptibility of the infecting organism.

\* \* \*

The Arkansas State Supreme Court recently held that the state Freedom of Information Act requires meetings of a hospital credentials committee to be open to the public — including the press.

\* \* \*

*3M has a new 8-minute sound/color 16mm movie, "General Casting Techniques,"*

HAWAII MEDICAL JOURNAL





# Alcoholism: TEL-MED Can Help

When your patients need more information on alcoholism, refer them to TEL-MED.

TEL-MED has a variety of messages relating to alcoholism and drinking, such as:

- 944** To Drink or Not to Drink
- 945** So You Love an Alcoholic
- 5050** You May Have a  
Drinking Problem

Each message has been carefully screened by local physicians. And callers report that TEL-MED increases their understanding

of their physician's diagnosis and recommendations.

The TEL-MED brochure has a complete list of over 270 taped messages. Use the brochure to suggest tapes for your patients. Or have them select tapes of their choice. All they need to do is call TEL-MED and ask for a tape by number. It's free. The hours are noon to 8 p.m., Monday through Saturday.

Ask for some free TEL-MED brochures. Write to HMSA or call 944-2398.

---

#### TEL-MED

---

**Hawaii . . . . . 935-0511**  
**Kauai . . . . . 245-9011**

**Maui . . . . . 244-0911**  
**Oahu . . . . . 521-0711**

---



A COMMUNITY SERVICE OF HMSA — WORKING FOR A HEALTHIER HAWAII

## CLASSIFIED NOTICES

### CLASSIFIED ADVERTISING Call 521-0021

Minimum 4 lines  
\$3.50 per line + tax

#### BUSINESS OPPORTUNITIES

Internal Medicine/General Practice for sale. Well established, prime location, new equipment. Gross \$150,000. Terms negotiable. Will introduce. Replies to: P.O. Box 25312 Honolulu, Hawaii 96825.

#### FOR SALE

FOR SALE: Two of the finest sailboats in Hawaii, both fully eqpt. & ready to go! LANCER 25' Sloop built '78, mainsail, two jibs, new Johnson 10 HP. outboard. (\$16,500)

LANCER 36' Sloop built '80, mainsail, three jibs, spinnaker rigged, mint condition. (\$65,000)

Phone 521-4013 anytime

1979 Porsche 911 SC  
Air, cassette tape.  
\$23,000/must sell.  
531-4035 6-10 P.M.

#### OFFICE SPACE

KUAKINI MEDICAL: Compare location, price, quality, 730-car parking. Various sizes at 80¢-95¢ NNN. Unit #611-612 at 75¢, 12 mos. free rent, option to purchase w/possible no down. AIEA MEDICAL BLDG: 949 sq. ft., ideal Leeward location, from \$1.00 NNN. Call Jane Naya, LOCATIONS INC.  
735-4200, eves. 373-4674.

Completely finished medical office on "Doctors Row" in Kailua. Consisting of waiting room, business office/reception area, nurses station, supply room, 3 exam rooms, bathroom. Approx. 750 sq ft. Call 262-6537.

#### KONA, HAWAII

Relocating or expanding to Kona? Call us for the best office, retail or whse. space. RC & Assoc. 329-2228.

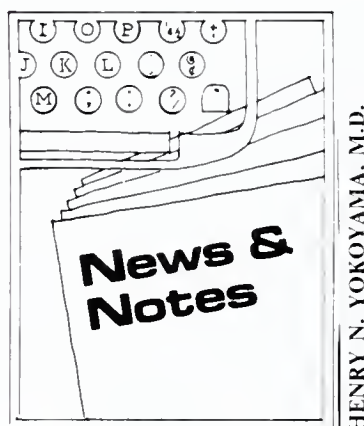
describing how to use 3M's Scotchcast water-activated fiberglass casting tape. Ask 3M, Dept. SU81-66, P.O. Box 33600. St. Paul, Minn. 55133, about it.

\* \* \*

PMIs — Patient Medication Instruction sheets — covering 10 (eventually 200) widely prescribed drugs will be available from the AMA by midyear. This could be the start of something good, to replace the horrifying accounts of side effects now found in the Patient Package Inserts.

\* \* \*

*The AMA presented the views of American physicians, as expressed through their elected delegates, to Congress and federal administrative agencies, 88 times during 1981.*



The *Honolulu Advertiser* carried an innocuous article stating that state health officials estimate 4 to 5 percent of the state's population have hepatitis B, and **Ted Harada**, assistant professor at John Burns School of Medicine pointed out that Hepatitis B is more prevalent among homosexuals; that it can be transmitted through the saliva or feces of a carrier; that the majority of hepatitis cases recover without problems, but some become carriers, and less than 10% develop the more serious "chronic active" hepatitis; and a small percentage of this group may develop tumors. Next day, the *Maui News* condensed the article with the heading: "Hepatitis B common in Hawaii" and the *Hawaii Tribune Herald* carried the story with its own headline: "Hepatitis B is increasing in the State." All this in the wake of the earlier announcement that the FDA has approved the Type B hepatitis vaccine which Merck, Sharp and Dohme, the manufacturer, says is 96% effective, conferring immunity that could last for 5 years. The vaccine will cost \$75 to \$120 for a course of three injections. The development is supposed to be good news for doctors, nurses, health professionals, the country's 7 million male homosexuals, and others among a group of about 10 million Americans struck with alarming frequency by the disease . . . "The virus hits 200,000 to 300,000 Americans each year . . . The vaccine will not help the estimated 400,000 Americans who are chronic carriers . . ."

Effective January 1, Kaiser Foundation Health Plan members had their monthly charges increased an average of 12.7 percent. Individual Plan members will be charged \$36.31 for a single subscriber; \$72.12 for a subscriber and one dependent; and \$107.93 for a family of three or more persons . . . Rate increases have averaged 10% a year . . .

Kawasaki syndrome is a children's disease found primarily in Hawaii and Japan. In Hawaii, 70% of the victims are of Japanese ancestry and most are under three years (the youngest was 3 months old and the oldest 8) and two-thirds are boys. More than 200 cases have been reported here in the last 10 years. **Raquel Hicks**, a pediatric rheumatologist, and **Marian Melish**, associate professor of pediatrics, first came across the disease in 1971 and three years later learned that they had been dealing with a disease identified by Tosaku Kawasaki in Japan years earlier. The acute symptoms include: high temp, lasting more than five days; bloodshot eyes; inflamed throat suggesting tonsillitis, but unresponsive to antibiotics; blotchy, raised rash; purple-red and fissured lips, "strawberry" tongue; purple-red discoloration and peeling of the palms and soles, toes and fingers; enlarged lymph glands of the neck; diarrhea, abdominal pain, lethargy, and jaundice. After 11 days, the acute signs and symptoms disappear, but 40 percent of the patient develop arthritic pain and 46 percent have joint swelling. During the convalescent period, 100% develop elevated platelet count; 20% have aneurysms of the coronary vessels and 2% die of blood clot within an artery or rupture of an artery.

We have wondered when our fellow physicians would speak up about the entrapment tactics of the state drug investigators who act as patients and try to get drugs from the physicians . . . The head of the state's drug investigation unit insists "entrapment is out of the question." HMA President **Ann Catts** says, "I think sometimes the way they (drug investigators) have to try to prove something comes close to entrapment. There's a danger that doctors are becoming more and more reticent about prescribing the necessary drugs." **Albert Chun-Hoon**, new chairman of the Board of Medical Examiners, adds, "If they're doing things like that, it might really cause a lot of problems in the community, additional tests, additional expense, because the doctor is worried he might be subject to an entrapment . . . If entrapment becomes a doctor's concern, there's no trust, physician to patient, patient to physician, if you look at every patient that comes in as 'maybe they're trying to trap me' . . ." **Jerome Estavillo**, head of the drug investigation unit, claims it doesn't work that way . . . When the undercover agent goes as a patient, "They go in and tell the doctor there's no medical reason 'I want 'em for a party or something.' If we go in for a fraudulent medical reason, no court will back us up." And he added, his agency rarely sends undercover agents to physicians. "We won't go in unless we have a number of complaints." Jerome says complaints come from other doctors, patients and citizens . . . "We check the files, the records. We don't use this on every doctor that's been arrested." Ann feels that the medical community has only "anecdotal reports, but if physicians would complain in writing that they are subject to entrapment by drug investigators, she would like to see some alteration in their procedure. She feels that the state medical board is not being used to its fullest advantage. "If there are errors in medical practice, then the board should decide a doctor's fate . . . Outgoing head of the medical examiners board **M.L. Hanlon**, however, doesn't agree the drug unit is using entrapment . . . "I haven't been impressed that they are putting on any undue pressures . . . Drug cases belong in the courts . . . It's a federal offense." (ED: Well, to each his opinion . . . but Cheers! to Ann and Al for voicing their concern . . .)



# Elected, Appointed & Honored

**Patricia Jacobs**, professor of anatomy and reproductive biology at the John A. Burns School of Medicine, has received the William Allan Memorial Award from the American Society of Human Genetics. The award recognizes her accomplishments during 25 years of research . . . She was the first to demonstrate that an additional sex chromosome could be associated with anti-social behavior, and the first to show that some people have extra chromosomes which are the cause of a number of diseases. An earlier recipient of the prestigious award was her husband, **Newton Morton**, director of the UH Population Genetics Research Laboratory. He received the award in 1963 for work performed at U of Wisconsin.

We offer our congratulations to **Thomas Cahill** who was installed as president of the Honolulu County Medical Society. Tom is currently an associate clinical professor of family medicine, medical adviser for Leeward Community College and a member of the board of directors of Pearlridge Hospital. Other new officers installed were **Nadine Bruce**, president-elect; **James Lumeng**, secretary; and **Allan Kunimoto**, treasurer . . .

**Joseph Wasielewski**, Hilo Hospital pathologist, has been elected to Fellowship in the College of American Pathologists . . . **Danelo Canete**, medical director at Pearlridge Hospital for the past four years, has resigned to return to full time medical practice and **Eugene Magnier**, former Kaiser Hospital cardiologist, who has been in private practice in Aiea since 1978, will be his successor . . .

# Hors de Combat

The physician image is bad enough these days without further needling, but there it was . . . A local newspaper editorial critical of our handwriting: "Illegible Prescriptions:"

"An addition to your list of things to worry about: doctors' illegible handwriting.

"We have always assumed that pharmacists somehow could decipher doctors' scribbling of prescriptions even though we found them totally illegible. Not so.

"In fact, the pharmacists warn that the problem can be life-threatening. The British pharmaceutical society notes that some drugs have such similar names that patients could easily be given the wrong medicine, with potentially fatal consequences.

"The society says a minority of doctors refuse to improve their writing despite complaints. It warns pharmacists they must not dispense a prescription if there is any doubt about the doctor's intentions.

"Perhaps a course in penmanship should be added to the curriculum at medical schools." (ED: Alas! It is too late for some of us to change our handwriting, but many of us do have prescriptions typed because we are aware of the problem . . . Perhaps the situation is more critical in British medical circles, where the pharmacists are complaining . . .)

Someone in the editorial staff is obviously obsessed with improving the quality of local physicians . . . A December 13 editorial gives space to a seminar on macrobiotics presented by the Far Eastern Culture and Arts Institute at the U of Hawaii: "The seminar will be led by Dr. Gregory Yuen, a psychiatrist, tai-chi instructor and licensed masseuse . . . The course includes the principles of yin and yang, theory of five elements, self-monitoring, home remedies, standard diet and basic cooking . . ."

# Reduce Your \$tress



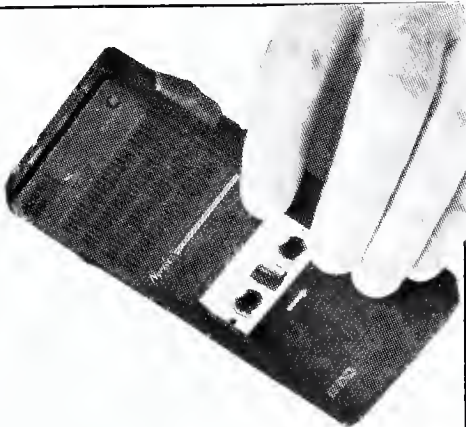
In addition, we handle all conversion details from any present system.

Talk to Marlene Wong at 523-2171.



# Bishop Computer Center

Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813



# Norelco® model 590 POCKET RECORDER

Economically priced, easy-to-use, lightweight (just 8 oz.), pocket-size. Up to 1-hour recording time, single control for easy of operation, sensitive microphone for crystal clear recording. Compatible with all Norelco transcribing machines. Many other features. Let us give you a demonstration.

# HAWAII BUSINESS MACHINES

Division of Electronics International Ltd  
829 ALAKEA 536-3832

# If you do business in Hawaii . . .

and need to keep abreast of real property sales and prices, we carry tax-keyed listings every week of the year



PACIFIC  
BUSINESS  
NEWS

. . . we have  
news for you

For information call 521-0021.

# EXPLORE THE POSSIBILITIES



Sponsored by



**Hawaii  
Academy of  
Family  
Physicians'  
Newsletter**

DON AND MARLIES FARRELL

The recent Annual Meeting and Seminar was an unqualified success, with registrations double those of last year. Scientific Chairman **John Aoki** arranged a varied program, topics ranging from hypertension, pediatric cough and crisis intervention to common dermatoses, immunology and low back pain. **Dr. Ernie Chaney**, new AAFP president, attended the seminar and dinner meeting. He installed the following new officers of the Hawaii chapter: President, **Nathan Wong**; president-elect, **Lily Ning**; secretary, **Bernard Chun**; treasurer, **Don Farrell**. Also elected were: delegate, **Tom Cahill**; alternates, **Lily Ning** and **Nate Wong**; councilors thru '84, **Jim Koch** (Molokai), **Lincoln Luke** and **Gwen Nishimura**; councilor thru '83 (for **Nate Wong**), **Mona Bongaars**; councilor thru '82 (for **Harold Timboe**), **Gary Goforth**. As delegates to the HCMS Board of Governors, **Doris Jasinski** and **Lily Ning** (alternate) were elected.

Members also voted for new by-laws, which were revised to conform more closely with those of AAFP. The revised version also gives student members the right to vote and hold chapter office; and it allows for formation of component chapters. It also announced that **Don Farrell** will be a candidate for national office at the upcoming Congress of Delegates of AAFP in San Francisco in October 1982. The time seems right for a candidate from Hawaii, San Francisco being a popular destination for our members. The only member ever elected from Hawaii is **Varian Sloan**, who served on the AAFP Board of Directors from 1962-65.

## Be a Winner!

Enter the HMAA competition to select a state auxiliary logo. The new logo will be used on our stationery and other state auxiliary publications. Be creative, but keep it simple. Bear in mind that it should represent all the Islands. The winner will receive 2 complimentary luncheon tickets for the state auxiliary convention Thursday, May 20, 1982, at the Prince Kuhio Hotel.

Mail your entries to:  
HMAA — Logo Contest  
320 Ward Avenue, Suite 200  
Honolulu, Hawaii 96814  
Deadline for entries — May 1, 1982.



# PEQEX

**NEW & RECONDITIONED  
MEDICAL EQUIPMENT  
FOR SALE**

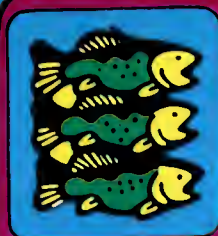
- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT



PHYSICIAN'S EQUIPMENT EXCHANGE, INC.  
866 IWILEI RD., 207/HONOLULU, HI 96817

**537-2724**





# Where to go For BUSINESS DINING



## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

Top of the Blvd.  
and Waimalu

**Both Open 24 Hrs.**  
(Except the Wee Hours  
of Monday Morning)

Cartoon  
Courtesy of  
The Honolulu  
Star Bulletin

CHINESE AND AMERICAN FOOD

CONSISTENTLY GOOD  
CHINESE FOOD . . .

*Coral Reef*

Restaurant and lounge

Mauka side next to Woolworth  
1006 Ala Moana Center

Open from 10:30 AM to 9:30 PM  
Sundays 10:30 AM to 5 PM  
Phone: 949-3500

**Now Serving  
Hot and Spicy  
Dishes for Dinner**



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Hopyon Lane.

•PHONE: 955-8844•

OPEN DAILY -

Lunch-11:00 a.m.-2:00 p.m., Dinner-5:00 p.m.-1:00 a.m.

VALET & FREE VALIDATED PARKING

**M's**  
**Coffee Tavern and  
Cheerio Room**

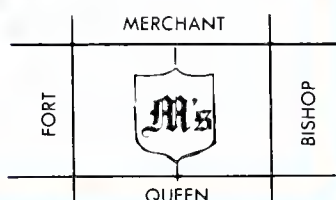
Breakfast - Lunch - Cocktails  
in the heart of Downtown.

**M's Coffee  
Tavern**  
6:30-2 P.M.

**Cheerio Room**  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern  
or inn."

*Samuel Johnson*



**Arthur's**  
Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.  
*Fleming's Restaurant*

(Formerly Napualani)



**4 Banquet Rooms**

**For 20-250 Persons**  
**Breakfasts—Luncheons**  
**Dinners—Cocktails**

Full sit-down dinners from \$6.95

Ample Validated Parking

Reservations: Ann Kubota, 922-3861

**Quality Inn Waikiki-Paoakalani & Kuhio**

On the "Big Island" it's Quality Inn Hilo

**Seafood in its  
Finest Hour**

Any hour from 11 am to 10 pm,  
Fridays & Saturdays 'til 11 pm.

**THE SEAFOOD EMPORIUM**

Please call 922-5547 for reservations

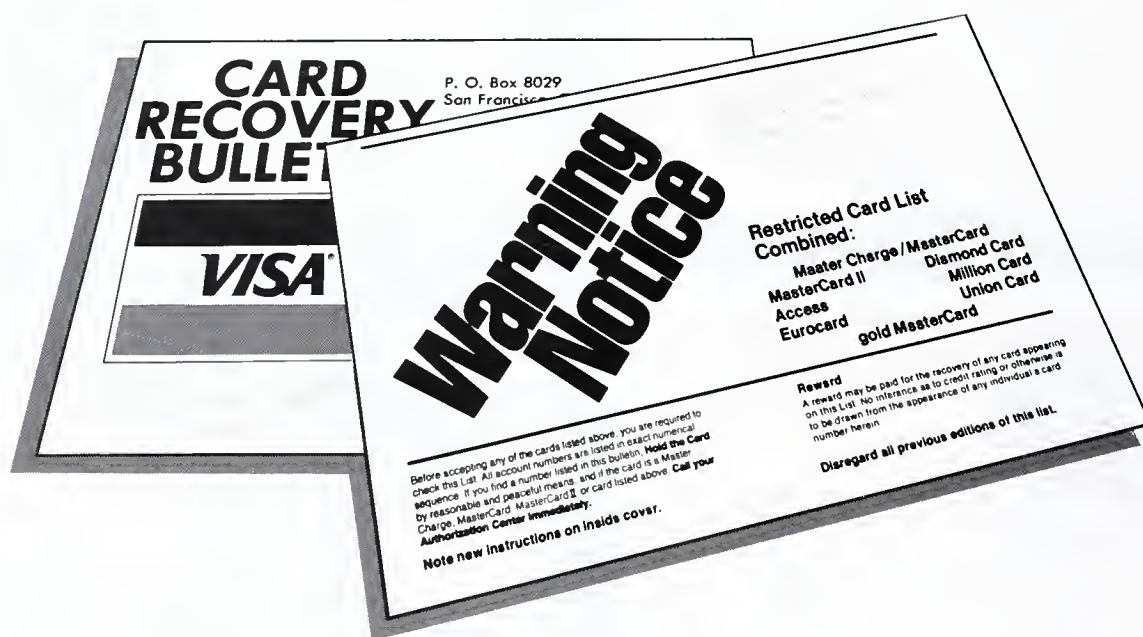
Royal Hawaiian Shopping Center, second floor • corner of Kalakaua and Lewers



*Enjoy one  
of these fine  
eating places  
today!*



# Warning: Using These Free Books Could Really Be Costing You Money.



## Reduce returned items with the new Bankoh M.A.P.

Returned items cost you money. Even using these printed warning bulletins doesn't eliminate the risk of making mistakes that can result in returned items. That's one expense you don't need.

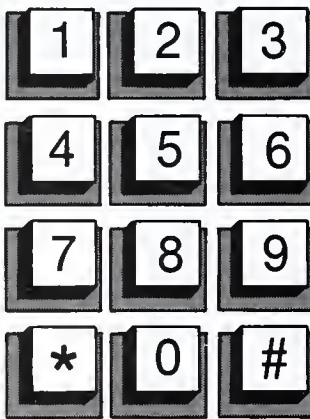
Bank of Hawaii can help. Presenting the new Bankoh Merchant Authorization Program (Bankoh M.A.P.). It's the electronic system for:

- authorization of VISA® and MasterCard™ transactions
- verification of Bank of Hawaii checks

It's a system that can save you money. To use Bankoh M.A.P. you need to become a Bank of Hawaii merchant, and have a touchtone telephone.

**Calls are quicker.** Because Bankoh M.A.P. is completely computerized, an authorization call usually takes no more than 30 seconds.

**No more struggling with the Warning Bulletin.** Bankoh M.A.P. has its own built-in electronic "warning



bulletin." It's the only system that does. So your sales people will never struggle with—or even worse, ignore—those hard-to-read printed bulletins again.

**You'll save money, and reduce your risk.** Even when they're under your floor limit, returned items cost you money. Calling on every transaction seems like a lot of bother, but because Bankoh M.A.P. is so fast and easy, now your sales people can call on all transactions, save time and money, and reduce the risk of returned items.

**It simplifies training...** Teaching your people to use the system is easy, so Bankoh M.A.P. saves you training time.

**...and improves customer service.** Because just a single Bankoh M.A.P. call takes care of authorizing each transaction, it saves your customer's time, too.

So give us a call at 526-7220. After all, there's no reason why you shouldn't have this fast and easy-to-use electronic authorization system for your business.

 **Bank of Hawaii**  
We've got winning ways.

YOUR FULL SERVICE BANK  
MEMBER FDIC



MAY 1982  
VOL. 41, NO. 5

# Hawaii Medical Journal

## CONTENTS

HMA Council Meeting	142
HMA Annual Meeting Announcement	143
Letters to the Editor	144
HMA Auxiliary News	144
Editorials and Opinions	145
Continuing Medical Education	146
Breast Cancer Screening in Hawaii 1974-1980	
By Madeleine J. Goodman, Ph.D., Fred I. Gilbert Jr., M.D., M.P. Mi, Ph.D., John S. Grove, Ph.D., Ann Catts, M.D., and Gloria Low, R.N., M.P.H.	150
News and Notes	156

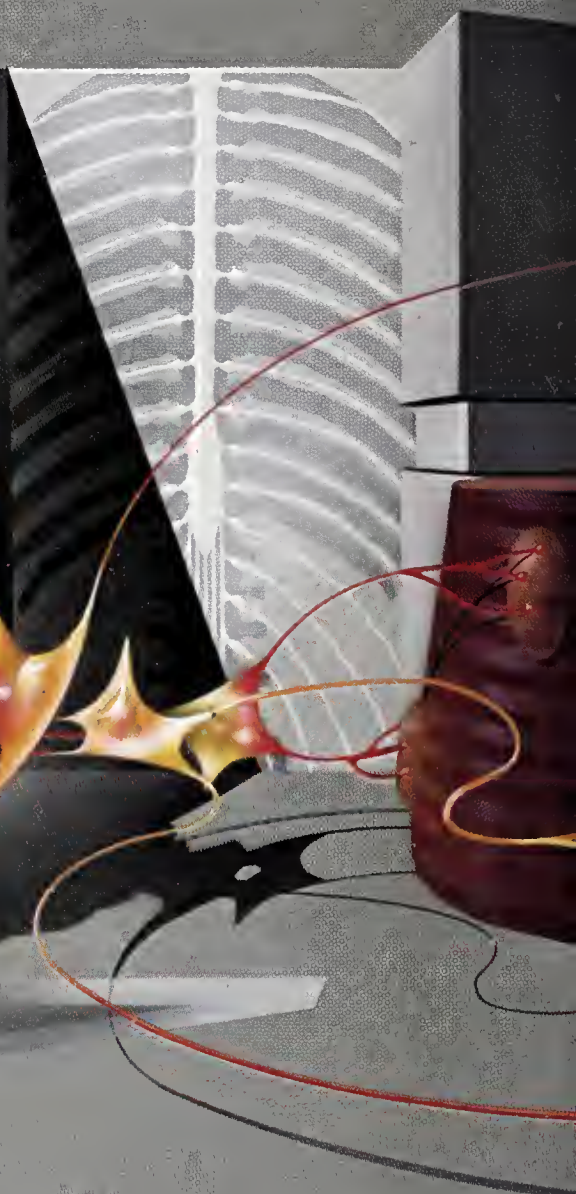
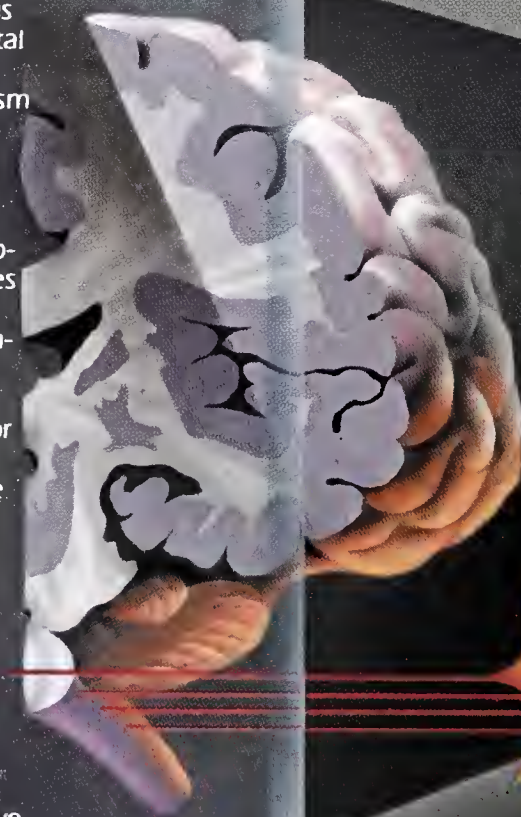
U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143



# SKELETAL MUSCLE SPASM

## Actions associated with spasm

Normally, presynaptic inhibition of impulses to motoneurons prevents the continuous contraction of skeletal muscles. When this regulatory mechanism is overloaded, however, it cannot cope with the excessive number of impulses directed at the motoneurons and muscles go into spasm. This bombardment of impulses may come from the brain stem reticular formation or the spinal cord—or both. Whichever the source of the impulses, adjunctive Valium (diazepam/Roche) has demonstrated its ability to relieve the spasm-pain-spasm cycle. This has long been known. Now evidence is emerging that Valium may have skeletal muscle relaxant activity not only at the brain and spinal levels but possibly at a third site—the muscle itself.



## Counteractions associated with Valium® (diazepam/Roche)

### In the reticular formation

Animal experiments have shown a reduction in the rate of neuron firing in the brain stem reticular formation after administration of Valium.<sup>1,2</sup> This system, therefore, may be a major site of Valium action.

### In the spinal cord

The ability of Valium to diminish skeletal muscle spasm may also be due to its action at the spinal level. Both animal and human experimental evidence indicates that Valium appears to improve the efficiency of presynaptic inhibition in the spinal cord.<sup>3-6</sup>

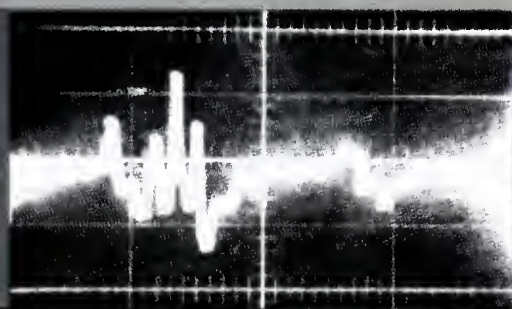
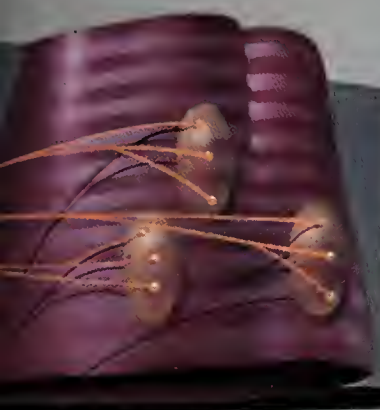
### In the muscle itself

In both animal<sup>7</sup> and human<sup>8</sup> studies, Valium has been shown to have a direct effect on the muscle itself. Diazepam, administered to 15 spastic patients with neurological lesions, reduced the amplitude of the compound action potential of direct muscle response as well as the isometric twitch tension. From this, it was postulated that Valium may affect the contractile properties of muscle and possibly

**References:** 1. Przybyla AC, Wang SC. *J Pharmacol Exp Ther* 163:439-447, 1968. 2. Tseng TC, Wang SC. *J Pharmacol Exp Ther* 178:350-360, 1971. 3. Stratten WP, Barnes CD. *Neuropharmacology* 10:685-696, 1971. 4. Schmidt RF, Vogel ME, Zimmermann M. *Arch Exp Pathol Pharmacol* 258:69-82, 1967. 5. Murayama S, Uemura H, Suzuki T. *Jpn J Pharmacol* 22 (Suppl): 79, 1972. 6. Verrier M, MacLeod S, Ashby P. *Can J Neurol Sci* 2:179-184, Aug 1975. 7. De Groof RC, Bianchi CP, Narayan S. *Eur J Pharmacol* 66:193-199, 1980. 8. Verrier M, Ashby P, MacLeod S. *Am J Phys Med* 55:184-191, 1976. 9. Fowles EW, Strickland DA, Peirson GA. *Am J Phys Med* 44:9-19, 1965.

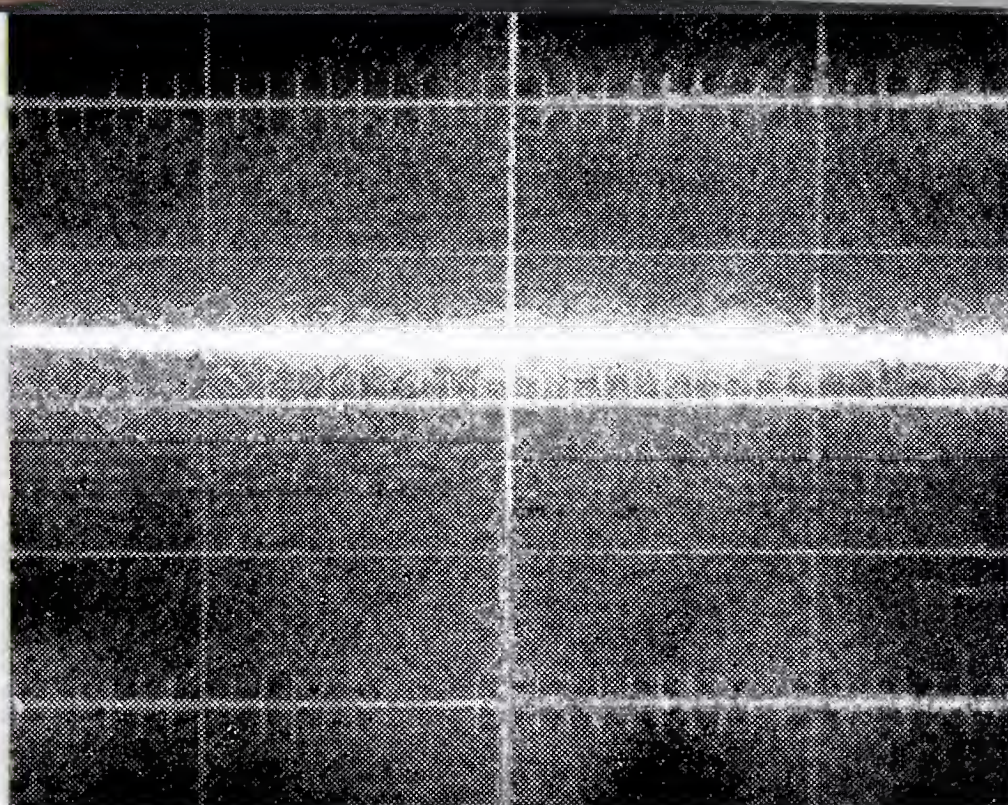
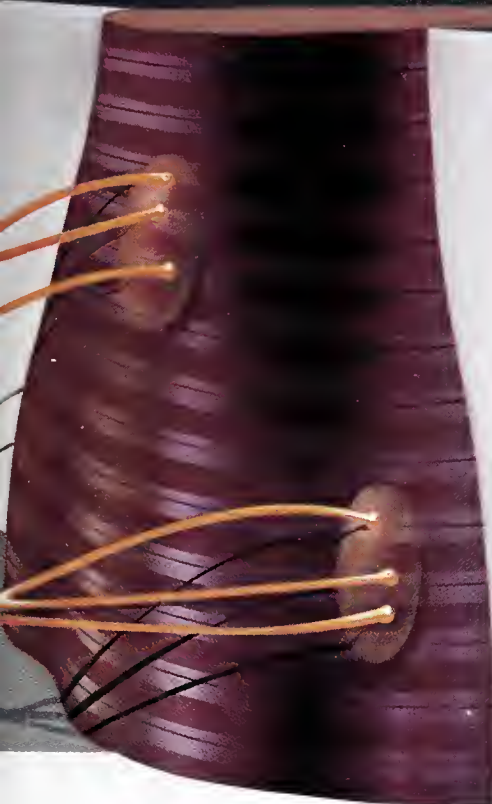


# Actions and Interactions



Electromyographic evidence of muscle spasm in a patient before administration of diazepam\*

35 minutes after I.M. diazepam 10 mg, muscles are completely relaxed\*



\*Adapted from Fowles EW, et al.<sup>9</sup>

the electrical properties of muscle membrane. Recent *in vitro* studies demonstrated that diazepam decreases tension in rapidly stimulated muscle and increases the rate of loss of calcium (needed for efficient coupling of action potential to muscle contraction) in the skeletal muscle of frogs. While these studies imply three possible sites of Valium (diazepam/Roche) activity, conclusive proof of the sites of action of Valium will require further research.

## Adjunctive **VALIUM**® diazepam/Roche<sup>IV</sup>

2-mg, 5-mg, 10-mg scored tablets  
Tel-E-Dose® Reverse-Number Packs  
2-ml Tel-E-Ject® ready-to-use  
disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials }

Please see following page for a summary of product information.





# Adjunctive **VALIUM**® diazepam/Roche

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome. *Oral form* may be used adjunctively in convulsive disorders, but not as sole therapy. *Injectable form* may also be used adjunctively in: status epilepticus, severe recurrent seizures, tetanus; anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures; cardioversion. The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets in children under 6 months of age, known hypersensitivity; acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL.** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients; should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V., inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest, concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea, have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or less); prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence, can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam/Roche), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function, avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated).

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return; re-administer if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures

available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported, should these occur, discontinue drug.

Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam/Roche) therapy and are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypoaesthesia, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Dosage:** Individualized for maximum beneficial effect.

**ORAL—Adults:** Anxiety disorders, relief of symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d., acute alcohol withdrawal, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed, adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d., adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**INJECTABLE:** Usual initial dose in older children and adults is 2 to 20 mg I.M. or I.V., depending on indication and severity. Larger doses may be required in some conditions (tetanus). In acute conditions injection may be repeated within 1 hour, although interval of 3 to 4 hours is usually satisfactory. Lower doses (usually 2 to 5 mg) with slow dosage increase for elderly or debilitated patients and when sedative drugs are added. (See Warnings and Adverse Reactions.)

For dosages in infants and children see below; have resuscitative facilities available.

**I.M. use:** by deep injection into the muscle.

**I.V. use:** inject slowly, take at least one minute for each 5 mg (1 ml) given. Do not use small veins, i.e., dorsum of hand or wrist. Use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Moderate anxiety disorders and symptoms of anxiety, 2 to 5 mg I.M. or I.V., and severe anxiety disorders and symptoms of anxiety, 5 to 10 mg I.M. or I.V., repeat in 3 to 4 hours if necessary; acute alcoholic withdrawal, 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary. Muscle spasm, in adults, 5 to 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary (tetanus may require larger doses); in children, administer I.V. slowly; for tetanus in infants over 30 days of age, 1 to 2 mg I.M. or I.V., repeat every 3 to 4 hours if necessary; in children 5 years or older, 5 to 10 mg repeated every 3 to 4 hours as needed. Respiratory assistance should be available. Status epilepticus, severe recurrent convulsive seizures (I.V. route preferred), 5 to 10 mg adult dose administered slowly, repeat at 10- to 15-minute intervals up to 30 mg maximum. Repeat in 2 to 4 hours if necessary keeping in mind possibility of residual active metabolites. Use caution in presence of chronic lung disease or unstable cardiovascular status. Infants (over 30 days) and children (under 5 years), 0.2 to 0.5 mg slowly every 2 to 5 min., up to 5 mg (I.V. preferred). Children 5 years plus, 1 mg every 2 to 5 min., up to 10 mg (slow I.V. preferred), repeat in 2 to 4 hours if needed. EEG monitoring may be helpful.

In endoscopic procedures, titrate I.V. dosage to desired sedative response, generally 10 mg or less but up to 20 mg (if narcotics are omitted) immediately prior to procedure; if I.V. cannot be used, 5 to 10 mg I.M. approximately 30 minutes prior to procedure. As preoperative medication, 10 mg I.M.; in cardioversion, 5 to 15 mg I.V. within 5 to 10 minutes prior to procedure. Once acute symptomatology has been properly controlled with injectable form, patient may be placed on oral form if further treatment is required.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure, employ general supportive measures, I.V. fluids, adequate airway. Use levetiracetam or metaraminol for hypotension. Dialysis is of limited value.

**How Supplied:** **ORAL:** Scored tablets—2 mg, white, 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500,\* Prescription Paks of 50, available in trays of 10,\* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25† and in boxes containing 10 strips of 10 †

**INJECTABLE:** Ampuls, 2 ml, boxes of 10;† Vials, 10 ml, boxes of 1;† Tel-E-Ject® (disposable syringes), 2 ml, boxes of 10.†

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110



ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



# HAWAII MEDICAL JOURNAL

(USPS 237-640)

*Published Monthly for the*  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

*Editor,* HARRY L. ARNOLD, Jr., M.D.  
*Managing Editor,* DORIS R. JASINSKI, M.D., M.P.H.  
*News Editor,* HENRY N. YOKOYAMA, M.D.  
*Associate Editors,* JOHN M. CORBOY, M.D.  
J. I. FREDERICK REPPUN, M.D.  
*Editorial Assistants:* BECKY KENDRO, JENNIE ASATO

*Editorial Board:* FRANCIS H. FUKUNAGA, M.D.,  
NORMAN GOLDSTEIN, M.D., RALPH W. HALE, M.D.,  
THOMAS C. HALL, M.D., ROBERT T. S. JIM, M.D.,  
JAMES LUMENG, M.D., DOUGLAS G. MASSEY, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.

*Publications Committee:* CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

*President,* ANN B. CATTS, M.D.  
*President-Elect,* CALVIN C.M. KAM, M.D.  
*Past President,* NEAL E. WINN, M.D.  
*Secretary,* KWONG YEN LUM, M.D.  
*Treasurer,* WILLIAM H. HINDLE, M.D.

*County Presidents*  
*Hawaii,* ERNEST L. BADE, M.D.  
*Honolulu,* THOMAS G. CAHILL, M.D.  
*Kauai,* JOHN W. NEWMAN, M.D.  
*Maui,* MICHAEL R. SAVONA, M.D.  
*West Hawaii,* KENNETH GRANT

*Delegate to AMA,*  
HERBERT Y.H. CHINN, M.D.  
*Alternate Delegate to AMA,*  
WILLIAM E. IACONETTI, M.D.

*Advertising Representatives*  
*National*  
UNITED MEDIA ASSOCIATES, INC.  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

*Honolulu:*  
CROSSROADS PRESS, INC.  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc. for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.



## Get your compensation patients back to work

CHART understands the special needs of the disabled worker. Our rehabilitation therapy includes Work Simulation to get your patients ready to return to work without fear and with less chance of re-injury. Call CHART for more information about getting your patient back to work.

Rowlin L. Lichter, M.D. *Medical Director*



# CHART™

Comprehensive Health and  
Rehabilitation Training

1314 South King Street Suite 750  
Honolulu Hawaii 96814 Telephone 523-1674

## The United States Air Force Medical Corps

is currently accepting applications  
for the following specialties:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.





Friday, February 12, 1982  
5:30 p.m.  
320 Ward Avenue, Suite 200

#### PRESENT:

Drs. Ann Catts, Calvin Kam, K.Y. Lum, William Hindle, William Iaconetti, Thomas Cahill, John Newman, Ernest Bade, James Lumeng, Stephen Wallach, Henry Fong, Nadine Bruce, E. Lee Simmons, Walter W.Y. Chang, Arch Wagle, Russell Stodd, Alan Hawk, George Goto, Charlotte Florine, Robert Sitkin, and Mr. V. Thomas Rice. Staff present were Messrs. Won, Ajifu, Leineweber, and Jones; Mmes. Kendro, Wong, Chang, and Asato.

#### CALL TO ORDER:

The meeting was called to order by **President Catts** at 5:45 p.m.

#### MINUTES:

The minutes of the January 15, 1982, meeting were approved as circulated.

#### REPORT OF THE SECRETARY:

The January 1982 Report of the Secretary was reviewed by Council. Total membership was 1,131, of which 757 were active full-pay members, compared to a total membership for the same period in 1981 of 929, of which 674 were active full-pay members. This shows an increase from January 1981 to January 1982 of 83 active full-pay members.

#### REPORT OF THE TREASURER:

The Council reviewed in detail the financial statement for December 31, 1981. This statement shows a net increase of \$5,741.47. Although the auditor's adjustment will not be reflected for 1981 affecting this balance, after further adjustments are made to include expenses not shown on this statement, there will be a small loss for the year's end.

A summary of the HMA/County 1982 dues collection as of February 10, 1982, was also reviewed. Total number of members billed was 811, and to date about 65% have paid either in full or partial payments. This would seem to be pretty much on target at this time.

#### ACTION:

**The Treasurer's Report was approved and filed subject to audit.**

#### REPORTS OF COMMISSIONS AND COMMITTEES:

##### A. Internal Affairs

**Arrangements Committee:** Dr. Lum reported that the 1981 HMA Annual Meeting showed a profit of \$8,200. There were 402 physician and allied health attendees. Dr. John Kim reported that for this year's annual meeting plenary sessions will be held each morning, Monday through Thursday, from 7:30 a.m. to noon. The theme for the 1982 meeting will be "Something for Everyone." The Scientific Program Committee also is coordinating grand rounds, CT Scans, and video clinics for the World Medical Association physicians, meeting at the

Hilton Hawaiian Village at the same time, for the afternoons Monday through Wednesday.

Chairmen for the sports events this year are: Drs. Robert Oishi, golf; Worldster Lee, tennis; John Spangler, table tennis; Virgil Jobe, racquet ball; Rodrigo Bristol and Henry Yokoyama, joint deep sea fishing and skin diving. Dr. James Lumeng will chair the Sportsmen's Night Party.

The House of Delegates will meet on Monday and Wednesday afternoon at 1 p.m. Scientific exhibits will be open Monday through Wednesday from 7 a.m. to noon, and also on Monday evening for the cocktail reception for registrants and guests.

The Annual Banquet will be held on Thursday evening this year, the last day of the meeting, in the Tapa Ballroom of the Hilton Hawaiian Village. The dates for the 1982 HMA Annual Meeting are October 11-14. The committee plans to submit application for CME Category I credits.

**Publications Committee:** Decision was made that the Editorial Page in the HMA Journal will be renamed to "Editorial and Opinion" page.

##### B. Public Health

**Substance Abuse:** Dr. Lumeng reported that a meeting had been held with the Department of Health on controlled substances and the proposal that would prohibit a physician's agent (nurse) to call in prescriptions for controlled substances. HMA's recommendation that this proposal be turned down and the original language be retained was accepted. The committee also met with the pharmacists on how to resolve the problem of abusers using a physician's call number to get prescriptions.

**Cancer Committee:** Dr. Thomas Hall reported to the Cancer Committee that a bill has been introduced to the legislature to support the elements of the Community Cancer Program because federal funding has run out.

**Peer Review:** Dr. Alan Hawk stated that the Peer Review Committee, with Chairman Dr. George Schnack, had their first meeting of 1982 on February 4 and reaffirmed that the committee would be available for referrals on peer review problems from the county societies. The Practice Act and its amendments were reviewed.

A discussion also was held on PSRO. PSRO will be phased out by the middle or before the end of March 1982. Dr. Catts reported on a meeting held with the Chief of Medical Staff of the local hospitals. It was the feeling of most of the representatives present that they would do their own peer review in their individual hospital for now or at least until some other mechanism was developed. The question raised at this time is whether HMA should get involved in a peer review mechanism through the Foundation or the Hawaii Health Institute. This problem needs more in-depth study before any type of determinations can be made.

**C. Legislation:** Dr. Goto reported that Becky Kendro has been selected as the lobbyist for HMA and felt she was an excellent choice. Two receptions were held; the one for the senators, however, was not as successful as the one for the representatives. The last day for introduction of bills will be Wednesday, February 17. A request was made at the last Council meeting concerning introducing legislation for fluoridation of the water. Kendro stated that a number of people at the legislature had been contacted and they all felt this is a very controversial issue and, since this is an election year, it would be best to wait until next year to bring up this issue.

##### D. Health Service and Care

**Health Manpower:** The committee held one meeting thus far to discuss HMA's position paper, developed a year ago, on the number of physicians in the state, the proportion that are in the medical school residency training program, and whether that number should be cut or remain the same. Negotiations will be entered into with the University of Hawaii and the hospitals to discuss the number of residents in training.

**Community Health Care:** This committee also met once thus far to talk about the state health plan and SHPDA. Goals for the committee are not completely outlined as yet. A question was raised concerning the nursing problem, nursing schools, University of Hawaii and hospitals, and if it was possible to make a strong recommendation to increase the number of nurses in training; retraining of RNs out in the community and not working; and how to retain RNs in their jobs. This question was referred to the Health Manpower Committee.

**EMS:** Dr. Robert Sitkin reported that a meeting had been held with Senator Cayetano to discuss the transfer of ambulance services from city and county to the state. It seems Cayetano feels the service should not be transferred. Dr. Sitkin stated that something must be done about training; funding is a very big item.

Mr. Won reported on SHPDA's intention to raise certificate of need from \$150,000 to \$600,000 for capital expenditures and to delete physicians from the CON provisions except for capital equipment expenditures.

#### ACTION:

**It was moved, seconded, and passed that HMA support SHPDA's intended raise for certificate of need from \$150,000 for capital expenditures to \$600,000 subject to careful observation by the HMA Legislative Committee.**

**F. MIEC:** Mr. Won stated that there are 54 physicians now in the MIEC program and applications steadily are coming in. All policy holders will be receiving MIEC Newsletters; information from the Claims Alert series will be published in the Governors Bulletin, covering items like how to correct errors in your medical practice, and risk management and cost control.

**G. A&T Printing, Inc.:** A&T was officially incorporated in December and elected officers at that time; Dr. Paul Tamura is president. The name officially will be A&T Printing, Inc. Sales at the present time are around \$33,000 with projected sales of \$45,000; with probably long-term sales projected at \$40,000. A catalog of all services will be printed soon.

**H. Business/Medicine Coalition:** The Health Education Task Force Subcommittee has been meeting and developing health information articles. These will be reviewed for accuracy of content before being distributed to businesses for in-house employee health education. The Disability Subcommittee will be presenting a panel discussion on medical disabilities at the HCMS membership meeting in April.

**I. HAMPAC:** Dr. Alan Kunimoto accepted appointment as chairman of HAMPAC. A list of over 40 names to be added to the Board was submitted for approval by Council.

#### ACTION:

**It was moved, seconded, and passed that the list of physicians to serve as members of the Board of Directors of HAMPAC for 1982 be approved with the**



proviso they all be contacted and agree to serve.

#### J. Medical Services

**Insurance Committee:** The committee continues to review the coverages for physicians from HSMA and to explore alternate insurance carrier coverages. A recommendation was made to be referred to the Insurance Committee to work up a comparison of costs and benefits from the various insurance carriers.

**K. Cancer Commission:** The Tumor Registry has been funded for another 3 years.

#### REPORTS OF COUNTY SOCIETY PRESIDENTS:

**A. Honolulu:** Dr. Cahill reported that the membership meeting held February 2, 1982, at Kuakini auditorium was a very good program and well attended. Speakers for the program were Senator Neil Abernombie, Representative Connie Chun, and Dr. Douglas B. Bell II; the topic was on current bills in the legislature and HMA's position. The next membership meeting will be a buffet dinner with spouses at Ocean City, Oceanic Floating Restaurant. The topic will be on the Diversion Investigation Unit and how it affects physicians' practice; speakers will be Jerome Estavillo, Dr. William Goebert, and Dr. Alan Hawk. The BME will be sponsoring workshops for medical assistants on March 3 and 4, 1982, and a special 2-day workshop for physicians on "Starting Your Practice," to be held Saturday and Sunday, March 6 and 7, 1982. Attendance for the BME workshops is always very good.

**B. Hawaii:** Dr. Arch Wagle reported that the main item discussed at their last Society meeting was the request from the County Nurses Society for aid in funding. It costs \$3,300 a year to send nurses to Honolulu for training and federal funding has been cut. Hawaii County authorized \$500 for funding to the nurses.

**C. Maui:** Dr. Russell Stodd stated that Maui County Society continues to be very vigorous and has increased its membership. Last Society meeting the membership had an outstanding Oncology Conference; Drs. Andrew Don and Will Iaconetti were co-chairmen. The next meeting during the coming week will be with the new president of Maui County Society.

**D. Kauai:** Dr. John Newman reported that Kauai County Society is doing all right with no problems at this time.

#### OTHER BUSINESS:

**A. HMA's Position on Living Wills:** HMA favors the principle of the living will: that an informed, competent patient has the right to accept or refuse treatment; that legislation is not necessary and may interfere with patient-physician relationships. This was a tentative position submitted to Council along with a letter to all doctors, and copies of sample living wills. Of the 3 sample living wills, the Council did not feel sample 3, appointment of agent for medical treatment decision, was appropriate; instead a sentence could be added to the letter stating that these are samples the person may use, but they also may use an agent if they prefer.

#### ACTION:

**It was moved, seconded, and passed to adopt the HMA position paper on living wills, and that the letter with changes be mailed with samples 1 and 2 to all physicians; that sample 3 appointing an agent be deleted.**

**B. Kokua Kalihi Valley:** The federal grant to this center is in severe jeopardy of being terminated. A request for HMA to write a letter of

## Reduce Your Stress

**Bishop Computer Center's  
new medical accounts  
receivable system takes  
good care of you and  
your patients' accounts.**

CONVENIENT • PRACTICAL • COMPLETE • EFFICIENT

#### Special Features Include:

- No in-office special equipment.
- Can use your present forms.
- Gives you accurate bookkeeping balances.
- Gets your bills paid more promptly.

**In addition, we handle all conversion details from any present system.**

Talk to Marlene Wong at 523-2171.



**Bishop Computer Center**

Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813

*Announcing...*



**THE  
HAWAII MEDICAL  
ASSOCIATION**

## 126TH ANNUAL SCIENTIFIC MEETING

**October 11-14, 1982**

**Hilton Hawaiian Village • Tapa Ballroom**

**The Scientific Program Committee  
Presents**

**"Something For Everyone"**

Plenary Sessions beginning at 7:30 a.m. to 12:00 noon will provide an opportunity for audience participation at each of the 4 sessions held daily. No registration or course fee for HMA members.

As an organization accredited for continuing medical education, the Hawaii Medical Association verifies that the continuing medical education activities designated Category I meet the criteria for Category I on an hour-for-hour basis (up to 19 hours) for the Physician's Recognition Award of the American Medical Association.

support for continued federal funding for this health center was received from Hope Cooper, RN, MS, MPH, project director for the Urban Health Initiative Project of the DOH. This center does provide services for a lot of the poor, immigrant, refugee, non-English speaking population.

#### ACTION:

**It was moved, seconded, and passed that HMA write a strongly supportive letter in support of continued federal funding for the Kokua Kalihi Valley Health Center.**

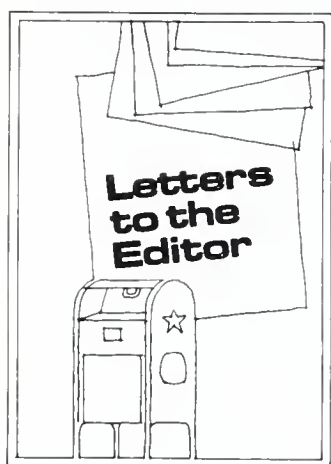
**C. Legislation:** Becky Kendro stated that there will be a major effort by the chiropractors and naturopaths to amend all insurance laws which would permit them to be providers of health care. The various county society representatives were requested to take this information back to their societies and to discuss this with the senators. This bill will be introduced to the Senate; there will be a hearing the last week of February.

**D. Health Care Task Force:** Mr. Won received a report that he had been appointed by the Director of the DOH to sit on a task force to discuss the appropriate role of the public and private sectors in assuring that comprehensive

health care is available to all Hawaii residents. Mr. George Yuen is the director; other members represent HMSA, Kaiser, the Department of Labor and Industrial Relations, and the University of Hawaii. Other issues to be studied include: cutbacks in federal funding; shift in general policy to enable DSSH to purchase membership in an HMO for welfare recipients; development of a statement of the problem and outline of possible methods of studying affordability of health care which would serve as a basis for policy recommendations to the administration and the legislature. Mr. Won and the Council felt it important that HMA write a letter to Mr. Yuen with the recommendation that an HMA member physician be appointed to sit on the task force. It was further suggested that the funding problem for the Kokua Kahili Valley Health Center should be presented to the DOH Task Force.

**E. AMA Awards:** The AMA is accepting nominees for the William Beaumont Award of \$2,500 and a plaque, for medical services; and the Goldberg Award in nutrition, \$1,000 and a plaque. The nominees must be 50 years of age or under.

#### ADJOURNMENT.



Dear Dr. Catts and Members of the Council:

The HAWAII MEDICAL JOURNAL, March 1982, Volume 41, Number 3, contains contradictory material. The editorial on page 87 appears to be in conflict with the actions of the Council on page 88.

Opinions of individual members should certainly be expressed, especially in a democratic organization such as our Medical Society. But, an opinion of an individual member must be clearly differentiated from an editorial which purports to represent the opinion of the entire profession.

The editorial itself is inaccurate, emotional, and misinformed. Does it reflect the feeling of the profession?

Council in its wisdom should review the editorial policies of the HMA JOURNAL, which I assume is the official publication of the HMA. Individuals' opinions should be clearly differentiated from editorial policy. Editorials should be responsible, and at least, reflect Council's policies.

Respectfully yours,  
Winfred Y. Lee, M.D., President  
Pacific Professional Standards  
Review Organization (PSRO)

Dear Dr. Lee:

The Editors of the HAWAII MEDICAL JOURNAL welcome your letter of March 17, regarding PSRO and Dr. John Corboy's recently published remarks concerning same.

We wish to keep the JOURNAL open to the abundance of ideas expressed by various HMA members and, indeed, by non-members.

It would be difficult to express only the "party line" of the HMA, as HMA's position is either not known or not formulated on many subjects. Furthermore, HMA is and should be a democratic organization. We need a free press, wherein any member who so wishes may have his comments known and published.

Dr. Corboy, an associate editor of the HAWAII MEDICAL JOURNAL at the invitation of Editor Harry L. Arnold Jr., has gained national attention for some of his comments which appeared first in HMJ. At least one was cited in The Chicago Tribune, having been picked up from the AMA News. Other editorial comments of his have been reprinted in various state medical journals around the U.S.

You may note that the former "Editorials" section of HMJ has been converted to "Editorials and Opinions" to encompass just such remarks as the ones you might take exception to re: PSRO, remarks which may not have the imprimatur of HMA Council.

Finally, PSRO has been a controversial subject since its inception. The ideas written by Dr. Corboy mirrored the feelings of many physicians in the community, including many HMA members, possibly even many members of HMA Council, if not all. To stifle these expressions for the sake of a unified front on every subject would be, we feel, a grave error. In fact, such stifling may have caused loss of

some of our former members over the years.

Should you care to write and send us your opinions on PSRO, or any other subject affecting the medical profession, we would be delighted and honored to publish them.

Cordially,  
The Editors, HMJ

*The following comment was elicited from Dr. Corboy in reply to Dr. Lee's letter:*

Editorials can never represent more than the opinion of the writer, which is why the author's initials are appended to each item. Thus, our editorials can never "purport to represent the opinion of the entire profession"; in fact, the "entire profession" probably has no uniform opinion to any matter. Were the editorial page limited to material reflecting the "feeling of the (entire) profession," it would remain blank.

As a receptacle of complaints and comments from all fringes of our membership, I am reminded daily that the Council's policies can never represent all persuasions of the membership, and frequently do not seem to reflect the feelings of even a majority of the members.

I stand by the facts and opinions expressed in the editorial, which dealt with PSRO in a national, not local, sense. The JOURNAL welcomes responsible editorial comments by other contributors. I serve at the pleasure of the Editor-in-Chief, who perceives that I am seldom aware of the party line, and who understands that editorial comments solely "reflecting Council's policies" would be mere flackery: "vapid as oatmeal and just as effective."

Aloha,  
John M. Corboy, M.D.

## AUXILIARY NEWS

### Call to Convention — May 20, 1982

The Hawaii Medical Association Auxiliary and the Auxiliary to the Honolulu County Medical Society will gather for their annual meeting and election of officers at the Prince Kuhio Hotel in Waikiki on Thursday, May 20. This will be the HMAA's 33rd annual convention.

In the morning session the changes being made in the state Auxiliary structure will be discussed. The bylaws have been completely revised and simplified for members' approval at convention.

A festive luncheon will follow convention, with an exciting fashion show presented by Villa Roma, featuring HMAA members as models. The cost of the luncheon is \$12.50 per person and tables of 8 or 10 are available. Invite your friends for this celebration. The spring edition of the state newsletter, Rx for M.D. Mates, carries complete details.





## Heptachlor in Milk — A Non-Emergency!

On March 1, the Food and Drug Division of the Department of Health confirmed a finding of heptachlor in locally produced, whole homogenized milk, and on March 18, the Honolulu Star-Bulletin followed the Honolulu Advertiser with an announcement by health department Director George Yuen to this effect. Levels in January had reached 4.07 parts per million, but by the end of March the level had fallen to 1.25 ppm, only 4 times the upper limit of safety (0.3 ppm) set by the Environmental Protection Agency or (as the newspaper said) the Food and Drug Administration.

Of the 19 Oahu dairies, 16 were affected. The contamination was traced to residual amounts of the pesticide, heptachlor, sprayed on pineapple leaves and later fed as "green chop" to dairy cattle in most dairies.

The chairman of the Senate health committee predictably — along with some other politicians — blamed the director of health for permitting this to happen. However, the health department ordered contaminated milk pulled off the shelves promptly when the contamination became confirmed, and at this writing only 2% skim milk and reconstituted milk were being sold.

On March 25, the Star-Bulletin reported a conference called by Governor Ariyoshi, at which Noel Kefford, dean of the university's College of Tropical Agriculture, and Y. Edward Hsia, well-known geneticist, offered highly reassuring testimony.

Hsia pointed out that there is no medical evidence that heptachlor at this level is hazardous to the health of pregnant women, fetuses, or nursing mothers — or, he might have added, to anyone else. "I doubt," he said, "that at this level it is even harmful to ants."

However, he acknowledged that little research has been done, and that it is better for us not to be exposed to heptachlor, even though it is virtually certain that no one drinking this milk has been harmed by it.

This might have provided better reassurance had it not been for the headline: "Ariyoshi Answers the Critics but Consumer Isn't Buying." Perhaps "buying the milk" was intended, but "buying Ariyoshi's answers" was surely understood by most readers.

The overall effect of publicizing the accidental contamination so intensively, and the harmlessness of it so little, was to create widespread anxiety and alarm, and anger misdirected at the health department and the governor, plus devastating financial hardship on operators of several

dairies; at least one expected to go bankrupt. Things might have been as bad, or nearly as bad, *with* the missing reassurance; but it would have been far better to give the reassurance top play.

It is impossible to avoid the suspicion that, consciously or unconsciously, the newspapers felt that strong reassurance would have diluted the intensity of the public's emotional response to the story, diminished the excitement, and watered down the story generally. Whatever the reason for the failure to emphasize the lack of evidence that the contamination was harmful in any way, that failure certainly caused the public to be unnecessarily frightened, inconvenienced, and even, in many instances, financially damaged. Too bad our lack of knowledge that heptachlor is dangerous to humans was not played up from the start.

HLAJr

## More About Crying Over Milk

Our health department said the heptachlor contamination wasn't significant, but dairy spokesmen weren't so sure. A radio station fanned near-hysteria as listeners reported acute symptoms following milk drinking. Some physicians interviewed in the newspapers said the milk was safe because acute poisoning was unlikely; others said chronic fatty tissue retention was the real problem, and the milk should be considered hazardous.

Through the babble of contradictions and conflicting opinions, while official reassurances alternated with milk recalls, no one seemed to be able to put the health and safety issue into focus. Were there real threats of acute or chronic toxicity? This was the type of information void into which official medical spokesmen should have entered. HMA has committees called public health and public affairs, and HCMS provides media response, community health, and public affairs committees. Where was the medical profession's opinion?

We must not let the peripheral political and legal issues regarding banned insecticides, sale of contaminated feed, or frequency and type of testing methods, deter us from attempting honest replies to such straightforward questions as: "Is it safe for a 40 kg child to consume a quart a day of milk with up to 0.3 ppm heptachlor for 2 months?" I for one don't know the answer. I wish my Medical Association had the gumption and civic responsibility to please examine the data and make an official statement.

JMC

## The Poison Lens?

Once upon a time, back in 1978, Schering-Plough Corporation received final approval of its soft contact lenses from the Food and Drug Administration (FDA). (Don't ask whether soft lenses are a food or a drug, or why the FDA spends your money to "approve" contact lenses; that's too sad a story for today.)

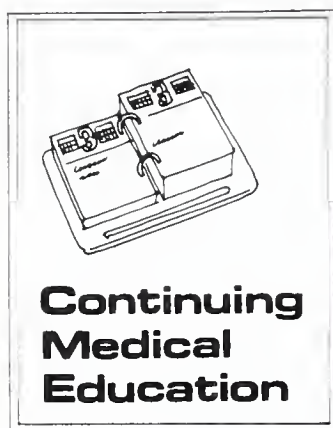
Anyway, their soft lens was popular, so Schering-Plough began testing the lens in a bifocal model. After several years of clinical trials, they decided to market their soft lenses in bifocal form — same material, but different optics. On their way to market, they met the FDA man who said, "Desist! Agency approval of your monofocal

lenses doesn't apply to bifocals. You must reapply, and start all over again."

Schering-Plough halted sales while trying hard to reason with the FDA, but to no avail. Finally they said, "This is absurd nonsense! We make these lenses of the identical material you approved 4 years ago, and we'll be damned if we'll invest several million dollars more on a new drug application!" And so they took their lenses to market, and the customers were happy.

But alas, as you might guess, the FDA people were not happy; they came and seized all the "unapproved" bifocal soft contact lenses, labels, and advertising materials. And now both sides will fight in court at great expense. And that, boys and girls, is how some people in Washington spend their time and YOUR money. I wish it could soon be *the end*.

JMC



## CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

### LOCAL ACCREDITED PROGRAMS

#### ONGOING

##### American Cancer Society, Hawaii Division

1. Telephone Task Force w/G.N. Wilcox Memorial Hospital, First Thursday, 12:45 p.m. and Fourth Tues. 12:30 p.m. w/Maui Mem. Hsp. Held on Oahu at Am. Cancer Society main conf. room, 200 N. Vineyard, Honolulu.

##### John A. Burns School of Medicine

1. Dept. of Medicine
  - A. Case Conferences, Second and Fourth Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - B. Grand Rounds, First and Third Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - C. Endocrinology Grand Rounds, Second Thursday, 5:30-6:30 p.m., Queen's University Tower, Room 506.
  - D. UH-Queen's Conference, Fridays, 8:00-9:00 a.m., Queen's Medical Center, Mabel Smythe Auditorium.
  - E. Cardiology Grand Rounds, First and Third Tuesdays, 5:30-6:30 p.m., Queen's University Tower, Room 508.
  - F. Infectious Disease Grand Rounds, Second and Fourth Tuesdays, 5:00-6:00 p.m., Queen's Nalani I Conference Room.
  - G. Dermatology Grand Rounds, Second Wednesday, 7:30-9:30 a.m., Queen's Medical Center, Queen Emma Clinic.
  - H. Pulmonary Grand Rounds, Fourth Wednesday, 4:30-5:30 p.m., Queen's Medical Center, Kamehameha Auditorium.
  - I. Nuclear Medicine Grand Rounds, Third Wednesday, 5:00-6:15 p.m., Straub Hospital, Doctors' Dining Room.
  - J. Medical-Surgical GI Grand Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Hospital, PB4 Classroom.
2. Dept. of Obstetrics and Gynecology
  - A. Grand Rounds, Wednesdays, 7:30-8:30 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
3. Division of Orthopedics
  - A. Fracture Conference, Mondays, 5:00-6:00 p.m., Queen's University Tower, Room 618.
  - B. Shriner's Hospital Conference, Tuesdays, 7:15-9:00 a.m., Shriner's Hospital.
4. Dept. of Pediatrics
  - A. Grand Rounds, Thursdays, 8:00-9:00 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - B. Pediatric Monday Noon Conference, Mondays, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor

Auditorium.

- C. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., Kapiolani-Children's Medical Center, Conference Room B.
  - D. Perinatal Grand Rounds, Fridays, 8:15-9:15 p.m., Kapiolani-Children's Medical Center, Conference Room B.
5. Dept. of Psychiatry
    - A. Grand Rounds, Fridays, 8:00-9:30 a.m., Queen's University Tower, Room 618.
  6. Dept. of Surgery
    - A. Grand Rounds, First, Second, and Third Saturdays, 7:30-9:00 a.m., rotating hospitals.
    - B. Statistical M and M, last Saturday, 7:30-9:00 a.m., rotating hospitals.
    - C. Journal Club, First and Third Tuesdays, 6:00-8:00 p.m., Queen's University Tower, Room 620.
    - D. Medical-Surgical GI Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Medical Center, PB4 Classroom.
    - E. Pediatric Surgical Grand Rounds, First Friday, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  7. Dept. of Family Practice
    - A. Conference, Fourth Wednesday, 1:00-2:00 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium, Executive Dining Room.
  8. Dept. of Family Practice
    - A. Conf., Wednesdays, 8:00-9:00 a.m., Kaiser 4th Floor Conf. Room.
    - B. Conf., Thursdays, 12:00-1:00 p.m., Kaiser 4th Floor Conf. Room.
  9. Dept. of Physiology
    - A. Dept. Conf., Wednesday, 4:30-5:30 p.m., BioMed T-210.
  10. University of Hawaii, John A. Burns School of Medicine Grand Rounds, Third Thursday, 4:30-6:00 p.m., Queen's University Tower, Room 618 or BioMed Building.
  11. HI Oncology Group, one Monday a month, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala St., 4th Floor Conference Room.
  12. HI Oncology Group, Usually Third Monday bimonthly, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala Street, Fourth Floor Conference Room.

#### Federation of Emergency Medicine-Maui

1. Cardiology for the Emergency Physician. Every Monday, 9:00-10:00 a.m.-Maui Memorial Hsp. Conf. Rm #1. (For spec. topic or further info contact: Federation Office (808) 244-7629, or Dr. C.T. Mitchell, (808) 244-9056.
2. Journal Club in Emerg. Medicine. 2 hrs. Cat. 1. MMH Conf. Rm. #1. 9:00-11:00 a.m.

#### Hawaii Thoracic Society

1. Pulmonary Med., Clinical case presentations & current research in pul. med. with U of H Sinclair Chest Club, Third or Fourth Wednesdays, each month, 7:30 a.m.-9:30 p.m. For further info contact: Rosemary Respicio, B.S.N. at (808) 537-5966.

#### Hickam Clinic

1. Clinical Correlation Conference, First Thursday, 11:00 a.m.
2. Didactic—our staff, Second Thursday, 11:00 a.m.
3. Didactic Visiting Lecturer, Third Thursday, 11:00 a.m.
4. Radiology Conference, Fourth Thursday, 11:00 a.m. (Contact Aurora Macapinlac, M.D., M.C., 449-5770)

#### Hilo Hospital

1. Orthopedic Conference, First Tuesday, 12:30-1:30 p.m.
2. NCME (ETV), Thursdays, 12:30-1:30 p.m., Saturdays, 7:00-8:00 a.m. (repeat); not held on long (holiday) weekends.
3. Radiology Case Presentations, Second Wednesday, 12:30-1:30 p.m.
4. Clinical Pharmacology, Third Friday, 12:30-1:30 p.m.
5. C.P.C., Second Friday, 12:30-1:30 p.m.
6. Visiting Professor's Program

#### Kaiser Hospital

1. Medicine Grand Rounds, Every Tuesday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  2. Tumor Board, Every Tuesday, 12:00 noon. Pac. Aud. 1 hr. Cat. 1.
  3. OB/Ped. Perinatal Mortality Conference, Last Tuesday, each month. 8:00 a.m. 1 hr. Cat. 1.
  4. Surg. Grand Rounds, Every Friday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  5. Saturday Morning Educational Conference, Every Saturday, 7:30 a.m. Pac. Aud. 1 hr. Cat. 1.
- (Contact CME Dept.-Kaiser for further information)
6. OB-Path Conference, first Monday of each month, 8:00 a.m., 1 hr.

#### Kapiolani-Children's Medical Center

1. Pediatric Grand Rounds, Every Thursday, 8:00-9:00 a.m., Aud.
2. Pediatric Conference, Mondays, 12:45-1:45 p.m., 2nd Floor Aud.
3. Neonatal Grand Rounds, Friday, 8:00-9:00 a.m., Conference Room B.
4. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., 3rd Floor Conf. Rm.



- Ob-Gyn Conference, Tuesday, 1:00-2:00 p.m., Aud.  
First—Didactic Presentation  
Second—Perinatal-Neonatal Topics  
Third—Obstetrics Topics  
Fourth—Gyn Topics
- Tumor Board, Oncology Conference, First and Third Friday, 1:00-2:00 p.m., Aud.

#### Kuakini Medical Center

- Department of Ophthalmology Mtg., First Tuesday, 12:30-1:30 p.m.
- Department of Medicine Mtg. (Statistical), Fourth Tuesday, 1:00-2:00 p.m.
- G.I. Conference, First Tuesday, 8:00-9:00 a.m.
- Nephrology Conference, First Wednesday, 8:00-9:00 a.m.
- Oncology Conference, Every Thursday, 7:30-8:30 a.m.
- Pulmonary Conference, First Thursday, 1:00-2:00 p.m.
- Surgical Conference, First & Second Friday, 12:45-1:45 p.m.
- Surgical M&M Conference, Fourth Friday, 12:45-1:45 p.m.
- Department of Medicine Evening Mtg., Second Tuesday, 5:30-7:00 p.m.
- Visiting Professor Program (for further info contact CME Dept. 547-9226 as these programs may be subject to change.)

#### Maui Memorial Hospital

- Thursday Conference, 7:00-8:00 a.m., Staff Dining Room.  
First—Dept. of Medicine  
Second—Dept. of Surgery  
Third—Dept. of OB/GYN  
Fourth—Dept. of Pediatrics  
Fifth—Elective
- Tumor Board, Every Monday, 12:15-1:15 p.m.—Tumor Conference Telephone Task Force—Third Tuesday, 12:15-1:15 p.m.
- Dept. of Emergency Medicine, Third Monday, 7:00-8:00 a.m.
- Diagnostic Radiology, Fourth Tuesday, 12:00-1:00 p.m.
- SFH-UH Hematology Conf., Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
- SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
- Visiting Professor Programs (for further info call CME office at St. Francis).

#### Hawaii Ophthalmological Society

- Monthly dinner meeting, Third Thursday of each month. Contact: Dr. A. Kunimoto, (808) 941-2208.

#### The Queen's Medical Center

- ENT Conferences, First and Second Fridays, 7:30 a.m., Small Dining Room.
- Medical Conferences, Every Friday, 8:00 a.m., Kam Auditorium.
- Ob/Gyn Conferences, Second and Fourth Mondays, 1:00 p.m., Kam Auditorium.
- Ophthalmology Conference, Fourth Tuesday, 5:00 p.m., Queen Emma Eye Clinic.
- Orthopedic Conferences, Every Wednesday, 7:00 a.m., Kam Auditorium.
- Pathology Conferences, Every Wednesday, 7:30 a.m., Surgical Conference Room.
- Pediatric Grand Rounds, Fourth Thursday, 12:30 p.m., Nalani I Conference Room.
- Surgical Trauma Conference, Second Tuesday, 4:30 p.m., Kam Auditorium.

- Basic Science Lectures, Every Wednesday, 7:15 a.m., Queen's University Tower, Room 618.

#### St. Francis Hospital

- SFH-UH Tumor Conference, Every Monday, 7:30 a.m., Sullivan-4 Classroom.
- SFH-UH Nephrology Conference, First Monday, 1:00 p.m., Sullivan-4 Classroom.
- SFH-UH Endocrine Conference, Last Monday, 12:30 p.m., Sullivan-4 Classroom.
- EENT Meeting, First Tuesday, 7:00 a.m., Sullivan-4 Classroom.
- SFH-UH Hematology Conference, Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
- SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
- Visiting Professor Programs (for further info call CME office at St. Francis).

#### Straub Clinic & Hospital

- Straub Professional Seminar meets the Second Tuesday of each month from 5:00-6:30 p.m. in the Credit Union Meeting Room (2nd Floor, Credit Union Bldg.)
- Surgical Mortality and Morbidity Conference meets every Fourth Thursday of each month, from 7:00-8:00 a.m. in the Doctors' Dining Room.
- Cardiac Surgery Conference meets the Third Tuesday of each month from 4:30-5:30 p.m. in the Doctors' Dining Room.
- Department of Anesthesiology meets the Second Tuesday of each month from 7:00-8:00 p.m. in the Doctors' Dining Room.
- Community Peripheral Vascular Conference meets the Fourth Thursday of each month from 5:00-6:30 p.m. in the Doctors' Dining Room.
- Visiting Professor Program meets monthly from 7:00-8:00 a.m. in the Doctors' Dining Room.
- Urology Inservice meets every other month on the Third Friday from 8:00-9:00 a.m. in the Doctors' Dining Room.
- Neuropathology Clinical Correlation Conference meets the Third Thursday of each month from 7:30-8:30 a.m. in the Straub Morgue.
- OB-GYN Pathology meets every Fourth Monday of each month from 12:30-1:30 p.m. in the Administration Conference Room (ACR).
- Urologic Pathology meets every First Monday of each month from 8:00-9:00 a.m. in the Doctors' Dining Room.
- Friday Noon Conference meets Every Friday of each month from 12:30-1:30 p.m. in the Doctors' Dining Room.

\*Note: All conferences are subject to change. Monthly calendar will be available upon request.

#### Wahiawa General Hospital

- Noon Seminars, Every Tuesday

#### Wilcox Hospital (Lihue)

- General Medical Staff Meeting, Quarterly in January, April, July & October.
- Clinical Review Meeting, Alternate Mondays at noon.
- Tumor Conference, First Thursday.

#### Miscellaneous

HMA Maternal and Perinatal Mortality Study Committee, First Monday each month - 5:30 p.m. 320 Ward Ave., S 200. Cat. 1 on hr. for hr. basis.

### SPECIAL EVENTS

May 2 1982 Lederle Symposium — "Drug Action & Interaction" — Co-sponsors, Hawaii Medical Association/Hawaii Pharmaceutical Association. Contact: Polly Gateley 536-7702. At: Ilikai Hotel, Honolulu, no fee, 6 hrs.

May 3-4, 5-6 1982 "Nurturing a New Beginning" — Nutrition in 10-11, 12-13 Pregnancy; March of Dimes. Contact Janet Huff: Honolulu 536-1045; Neighbor Islands (1) (800) 272-5240; Honolulu, May 3-4; Lihue, Kauai, May 5-6; Wailuku, Maui, May 10-11, Hilo, Big Island, May 12-13, Fee: \$15 lunch included, 12 hrs.

June 19-26, 1982 Ophthalmology (S), USC Sch. of Med., Postgrad Div., KAM 320, 2025 Zonal Ave., Los Angeles, Calif. 90033. At Hawaii.

June 19-26, 1982 Fourth Ann. Med. Imaging in Hawaii, Am. Coll. of Med. Imaging, Box 27188, Los Angeles, Calif. 90027. At: Hyatt Regency Hotel, Maui, 24 hrs.

July 13-17, 1982 Endocrine Metabolic Course, USC Sch. of Med., Postgrad Div., 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 24 hrs.

July 17-25, 1982 Cardiovascular Med. & Surg., An Adv. Course, Stanford Univ. Sch. of Med., Stanford, Calif. 94305. At: Mauna Kea Beach Hotel, Kamuela, 22 hrs.

July 24-31, 1982 Diagnostic Radiology: An In-Depth Sem Approach to Selected Topics in Diagnostic Imaging (S), Stanford Univ. of Sch. of Med., Stanford, Calif. 94305. At: Kamuela.

Aug. 7-14, 1982 USC Sch. of Med., Postgrad Div., KAM 320, 2025 Zonal Ave., Los Angeles, 90033. Calif. At: Mauna Kea.

Aug. 20-24, 1982 ACP Ann Internal Med Update (B), Univ. of Hawaii John A. Burns School of Medicine, 1960 East-West Road, Honolulu 96822. At: Maui.

Oct. 11-14, 1982 Hawaii Medical Association 126th Annual Scientific Meeting, Theme: "Something for Everyone," Contact: Irene Wong, 536-7702. At: Hilton Hawaiian Village. Fee: \$100 for non-members, 19 hrs.

#### OUT OF STATE

For information on any out-of-state programs or courses, refer to Aug. 4, 1981, special issue of JAMA or call the HMA office.

# Candidates for nutritional therapy...

**10,000,000**

**alcoholics.** Ethanol may produce many effects that together bring about nutritional deficiencies, so that alcoholism affects nutrition at many levels.<sup>1</sup>

**25,500,000 geriatric**

**patients.** The older patient may have some disorder or socioeconomic problem that can undermine good nutrition.<sup>2</sup>

**23,500,000 surgical**

**patients.** Nutritional status can be compromised by the trauma of surgery; and some operations interfere with the ingestion, digestion and absorption of food.<sup>3</sup>



Before prescribing, please consult complete product information, a summary of which follows:

Each Berocca® Plus tablet contains 5000 IU vitamin A (as vitamin A acetate), 30 IU vitamin E (as *dl*-alpha tocopheryl acetate), 500 mg vitamin C (ascorbic acid), 20 mg vitamin B<sub>1</sub> (as thiamine mononitrate), 20 mg vitamin B<sub>2</sub> (riboflavin), 100 mg niacin (as niacinamide), 25 mg vitamin B<sub>6</sub> (as pyridoxine HCl), 0.15 mg biotin, 25 mg pantothenic acid (as calcium pantothenate), 0.8 mg folic acid, 50 meg vitamin B<sub>12</sub> (cyanocobalamin), 27 mg iron (as ferrous fumarate), 0.1 mg chromium (as chromium nitrate), 50 mg magnesium (as magnesium oxide), 5 mg manganese (as manganese dioxide), 3 mg copper (as cupric oxide), 22.5 mg zinc (as zinc oxide).

**Indications:** Prophylactic or therapeutic nutritional supplementation in physiologically stressful conditions, including conditions causing depletion, or reduced absorption or bioavailability of essential vitamins and minerals; certain conditions resulting from severe B-vitamin or ascorbic acid deficiency; or conditions resulting in increased needs for essential vitamins and minerals.

**Contraindications:** Hypersensitivity to any component.

**Warnings:** Not for pernicious anemia or other megaloblastic anemias where vitamin B<sub>12</sub> is deficient. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with vitamin B<sub>12</sub> deficiency who receive supplemental folic acid and who are inade-

quately treated with B<sub>12</sub>.

**Precautions:** *General:* Certain conditions may require additional nutritional supplementation. During pregnancy, supplementation with vitamin D and calcium may be required. Not intended for treatment of severe specific deficiencies. *Information for the Patient:* Toxic reactions have been reported with injudicious use of certain vitamins and minerals. Urge patients to follow specific dosage instructions. Keep out of reach of children. *Drug and Treatment Interactions:* As little as 5 mg pyridoxine daily can decrease the efficacy of levodopa in the treatment of parkinsonism. Not recommended for patients undergoing such therapy.

**Adverse Reactions:** Adverse reactions have been reported with specific vitamins and



**5,000,000 hospital patients with infections.**<sup>4</sup> Many are anorectic and may have a markedly reduced food intake. Supplements are often provided as a prudent measure because the vitamin status of critically ill patients cannot be readily determined.<sup>3</sup>

**The incalculable millions on calorie-reduced diets.** Patients ingesting 1000 or fewer calories per day could be at high risk because this intake may not supply most nutrients in adequate amounts without supplementation.<sup>5</sup>



## **Berocca Plus**

A balanced formula for prophylactic or therapeutic nutritional supplementation.

Berocca Plus Tablets provide: therapeutic levels of ascorbic acid and B-complex vitamins; supplemental levels of biotin, vitamins A and E, and five important minerals (iron, chromium, manganese, copper and zinc); plus magnesium. Berocca Plus is not intended for the treatment of specific vitamin and/or mineral deficiencies.

## **Berocca Plus,** highly acceptable to

patients, has virtually no odor or aftertaste and is economical. And its "Rx only" status means more physician involvement, better patient compliance.

**References:** 1. Shaw S, Lieber CS: Nutrition and alcoholism, chap. 40, in *Modern Nutrition in Health and Disease*, edited by Goodhart RS, Shils ME. Philadelphia, Lea & Febiger, 1980, pp. 1220, 1237. 2. Watkin DM: Nutrition for the aging and the aged, chap. 28, in *Modern Nutrition in Health and Disease*, *op. cit.*, p. 781. 3. Shils ME, Randall HT: Diet and nutrition in the care of the surgical patient, chap. 36, in *Modern Nutrition in Health and Disease*, *op. cit.*, pp. 1084, 1089, 1114. 4. Dixon RE: *Ann Intern Med* 89 (Part 2): 749-753, Nov 1978. 5. Committee on Dietary Allowances, National Research Council: *Recommended Dietary Allowances*, ed 9. Washington, National Academy of Sciences, 1980, p. 13.

minerals, but generally at levels substantially higher than those in Berocca Plus. However, allergic and idiosyncratic reactions are possible at lower levels. Iron, even at the usual recommended levels, has been associated with gastrointestinal intolerance in some patients.

**Dosage and Administration:** Usual adult dosage: one tablet daily. Not recommended for children. Available on prescription only.

**How Supplied:** Golden yellow, capsule-shaped tablets—bottles of 100.

ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

# candidates for

Rx ONLY **Berocca<sup>®</sup> Plus** TABLETS

THE MULTIVITAMIN/MINERAL FORMULATION

# Breast Cancer Screening in Hawaii 1974-1980:

## Results of a Six-Year Program

Madeleine J. Goodman, Ph.D., Fred I. Gilbert Jr., M.D., M.P. Mi, Ph.D.,  
John S. Grove, Ph.D., Ann Catts, M.D., and Gloria Low, R.N., M.P.H.

The Hawaii Breast Cancer Demonstration Detection Project (BCDDP) was one of 27 projects funded in 1973 by the National Cancer Institute (NCI) in conjunction with the American Cancer Society (ACS), to determine the efficacy of periodic screening for breast cancer in asymptomatic women.<sup>1</sup>

The program was undertaken as a result of concern arising from the recognition of lack of progress in the lowering of breast cancer mortality over the period 1940-1970.<sup>2</sup> The expectation that an intervention program might be effective in this regard was grounded in the experience of the New York-based Health Insurance Plan (HIP) Study, in which some 31,000 health plan participants were contacted for regular breast cancer screening (mammography and palpation), while another 31,000 matched controls were monitored but not screened over a 5-year period.

In the HIP study, screenees were found to have a 2.3/1000 breast cancer average annual incidence as compared with 1.9/1000 in the control group.<sup>3</sup> In a 7-year follow-up period, a 1/3 reduction in breast cancer mortality was observed among cases ascertained via the screening project, as opposed to cases which emerged from the nonscreened control group.<sup>4</sup>

### Modes of Detection

The overall objective of the Hawaii BCDDP program was to determine the relative efficacy of 3 modes of breast cancer detection: mammography, thermography, and palpation in detecting breast cancer in asymptomatic women, with a view to improving the survival of breast cancer victims through early detection and intervention strategies.

The thermographic mode of detection was discontinued in 1978 when it was discovered that one-third of all screenees, regardless of cancer diagnosis, had positive thermograms. Similar experience has been reported by other BCDDP centers.<sup>5</sup>

The medical history records, the mammographic findings and pathology reports of the Hawaii BCDDP screenees have provided a valuable

### The BCDDP Screening Sample

Between March 19, 1974, and March 18, 1980, the Hawaii Breast Cancer Demonstration Detection Project screened 10,031 women for breast cancer. A detailed distribution of the BCDDP sample by major ethnic group and age is presented in Table 1.

As might be expected in a self-selected screening sample of this type, statistically significant variation in age distribution was observed between the BCDDP sample and the larger state population within ethnic groups. In comparing the BCDDP distribution with the 1975 Revised State of Hawaii estimated population, we observed a general under-

TABLE 1  
Distribution of Women by Age and Ethnic Group for  
Breast Screening Detection Project

Age	Caucasian		Japanese		Chinese		Korean		Filipino		Part-Hawn	
	N	%	N	%	N	%	N	%	N	%	N	%
35-39	445	16.7	546	12.2	102	9.3	26	14.9	123	27.8	136	19.4
40-44	425	15.9	787	17.7	171	15.6	25	14.4	117	26.5	135	19.3
45-49	454	17.0	1,136	25.5	252	23.0	46	26.5	108	24.4	177	25.3
50-54	500	18.7	993	22.3	219	20.0	35	20.1	46	10.4	102	14.6
55-59	373	14.0	522	11.7	161	14.7	20	11.5	19	4.3	75	10.7
60-64	231	8.6	255	5.7	94	8.6	15	8.6	14	3.2	34	4.9
65-69	174	6.5	152	3.4	66	6.0	4	2.3	8	1.8	26	3.7
70-74	70	2.6	67	1.5	31	2.8	3	1.7	7	1.6	15	2.1
Total	2,672		4,458		1,096		174		442		700	

resource, not only in the evaluation of available breast cancer detection modalities, but in the search for risk factors and disease patterns associated with breast cancer, across and within major ethnic groupings in Hawaii. This paper describes the pattern of cancer detection experienced by BCDDP in its 6 years of operation and compares the efficacy of BCDDP breast cancer detection with that of the general health care net in Hawaii.

representation of Korean, Filipino and part-Hawaiian ethnic groups. There was an under-representation of older age groups and a corresponding over-representation of women in the perimenopausal years (ages 45 to 55) among BCDDP screenees in Japanese and Chinese ethnic groups. Increased participation in breast cancer screening by women in these age groups may reflect their growing concern about breast cancer and their recognition of substantial increases

TABLE 2  
Hawaii BCDDP Biopsy/Cancer Outcomes  
1974-1980

Biopsies	Total	Recommended	Cancers Detected
Performed on BCDDP recommendation	1659	2561	151
Performed as a result of independent patient/physician decision*	720		31
Total	2379		182

\* Some of these decisions were based on independent physician evaluation of BCDDP test results, generally mammographic.



in breast cancer incidence during this time of life.<sup>6</sup> Under-representation of women over 60 may reflect diminished concern about breast cancer risk in later years and perhaps diminished access to breast cancer screening facilities of this kind.

With regard to socio-economic status, it was possible to make limited comparisons between the BCDDP sample and the general population from Health Surveillance data collected by the Hawaii State Health Department.<sup>7</sup> BCDDP screenees did not differ significantly from the larger state population in total family income ( $X^2_3=1.40$ , NS). However, extensive differences were indicated in educational level ( $X^2_8=75.18$ ,  $p<.0001$ ). The proportion of BCDDP screenees who received no formal education was negligible (0.28%), while, in the state at large, this group was 4.5 times as frequent. Among BCDDP screenees, some 83% were graduated from high school, as compared with 64% of women in the state as a whole, in this age group. College and post-graduate education was 1.6 times as frequent in the BCDDP group; in general, 57% of BCDDP screenees attended some form of post-high school formal education, as compared with only 27% of women in the state.

Recruitment of screenees was most frequently accomplished by word-of-mouth. Of women screened, 44% first heard of the program from a friend. The next most potent recruiting source was a single newspaper feature story, where 27% first became aware of BCDDP. Of the women screened, 14% were informed by their own physicians of the program, 5% came through American Cancer Society contacts, and only 7% through television and radio coverage.

### Results

As shown in Table 2, BCDDP recommended consideration of biopsy in a total of 2,561 cases over the course of its 6 years of operation. Among this group, 1,659 biopsies were performed. An additional 720 biopsies were performed which were not specifically recommended by the program, but were performed on the basis of patient/physician decisions,

which may or may not have been influenced by patient participation in BCDDP screening. Through the 2,379 biopsies, 182 cancers were detected. An additional 8 mastectomies were performed in cases which Dr. Ann Catts, BCDDP chief pathologist, in subsequent review, eliminated as non-cancers.

A display of BCDDP-detected cancers by detection modality is found in Table 3. Mammography was the sole mode of detection in 41% of the cancers diagnosed at BCDDP. Mammography together with palpation detected an additional 26% of the diagnosed cases. Since 121 of the total cancers detected at BCDDP (67%) were ascertained either directly or secondarily via a

	Number	Percent
Mammography Alone	74	41%
Palpation Alone	37	20%
Mammography and Palpation	47	26%
Interval Cases	24	13%
Total	182	100%

positive mammographic finding, mammography has shown itself to be a potent modality of breast cancer detection.<sup>8</sup>

A total of 37 cases (21%) were detected at the screening program through physical examination (palpation) alone, and 24 additional cases (13%) were detected by screenees and their own physicians in the intervals between screening appointments. These cases attest to the continuing importance of monthly breast self-examination and palpation at periodic gynecological examinations as significant modes of detection, even when mammographic screening is employed.

The distribution of *in situ* and invasive breast cancer cases by age within ethnic group detected by BCDDP during its 6 years of operation is displayed in Table 4. Of the 182 cases detected, 138 (76%) were found to be invasive, and 44 cases (24%) were classified as *in situ*. The modal age range among breast cancer cases was 50-54, where 27% of cases were concentrated.

The largest concentration of cases was found among Japanese, the most

## CLASSIFIED NOTICES

### CLASSIFIED ADVERTISING Call 521-0021

Minimum 4 lines  
\$3.50 per line + tax

### EMPLOYMENT OPPORTUNITIES

OB-GYN with hospital privileges wanted. Flexible part time. Send resume to: c/o 2465 Ala Wai Blvd. Box 1202 Hon., HI 96815. Ph. 922-9585 eves.

### BUSINESS OPPORTUNITIES

Internal Medicine/General Practice for sale. Well established, prime location, new equipment. Gross \$150,000. Terms negotiable. Will introduce. Replies to: P.O. Box 25312 Honolulu, Hawaii 96825.

## PHOTOLEASE HAWAII

**AN INNOVATIVE CONCEPT  
IN OFFICE DECORATIVE  
PHOTOMURALS**

- Leasing of black & white photomurals (as low as 30¢ per day).
- 100% tax deductible
- Photomurals rotated every 120 days
- 3 different sizes available & extensive inventory
- Call 523-5570 for free brochure and pricing program.

**PHOTOLEASE  
HAWAII**  
512 Ala Moana  
Boulevard  
Honolulu, Hawaii  
96813

TABLE 4  
Hawaii BCDDP Breast Cancer Cases  
by Ethnicity, Age & Stage 1974-1980

Age	Caucasian		Japanese		Chinese		Hawaiian/ Pt-Hawn		Korean		Filipino		Other		All Races by		Total by
	I.S.	Inv.	I.S.	Inv.	I.S.	Inv.	I.S.	Inv.	I.S.	Inv.	I.S.	Inv.	I.S.	Inv.	I.S.	Inv.	Age
35-39	1	3			1		1								1	5	6
40-44		7	3	7	2	2	1	1		1	1	1			7	19	26
45-49	3	8	2	10	1		2	4	1	1		2	1	1	10	26	36
50-54		14	7	16	1		3	6				1			11	39	50
55-59	4	3	3	7	1		4					2			8	16	24
60-64	1	6	4	6			2								5	14	19
65-69	1	5		1					1						1	7	8
70-74		5					2		2		1					10	10
75+		1					1		1						1	2	3
All Ages Cases	10	52	19	48	5	14	6	15	1	3	1	6	1	1	44	138	182
per 1000	3.74	19.46	4.26	10.77	4.56	12.77	8.57	21.43	5.75	17.24	2.26	13.57	2.05	2.05	4.39	13.76	
Total Crude Rate per 1000	23.20		15.03		17.34		30.00		22.99		15.84		4.10		18.14		

numerous ethnic group in the study. The actual rate of cases per 1000 among Japanese was only 15.0, considerably lower than the Caucasian (European) rate of 23.2. The rate of breast cancer detection among Hawaiian/part-Hawaiian screenees (30.0/1000) exceeded that found in any other ethnic group. Crude breast cancer detection rates for other Oriental and Filipino groups fell between the Japanese and Hawaiian rates.

Consistent with the reported higher relative frequency of *in situ* cancers in Oriental as compared with European groups in Hawaii,<sup>9, 10</sup> BCDDP found less *in situ* cancer among Europeans (16%) than among Japanese (28%) and other Oriental and part-Hawaiian ethnic groups.

Taken as a group, the breast cancer cases detected at BCDDP reveal many characteristics typically reported in the literature when breast cancer cases are compared with normal controls.<sup>11,12</sup> As shown in Table 5, breast cancer patients whose cancers were detected at BCDDP, were significantly older at their first pregnancy, a mean of 26.1 years, than were 5,067 normal (non-biopsied) screenees, whose mean age at first pregnancy was 24.4 years.<sup>13</sup> In general, breast cancer patients had fewer live births than normal screenees; and 21% of cases were nulliparous, as compared with only 12% of normal screenees.<sup>14</sup>

Women with cancer were noted to have breast-fed significantly less long, although this observation is

confounded with the trend to fewer offspring among cancer patients.

With regard to age at menarche, no significant differences were observed, although some reports of higher frequencies of early menarche

among breast cancer patients have been reported in the literature.<sup>15, 16</sup> Consistent with published reports, no significant difference in frequency of abortions and stillbirths was found by BCDDP between cancer cases and normal screenees.<sup>17</sup> Also consistent with published reports,<sup>18</sup> the observed frequency of mothers and sisters with breast cancer was nearly twice as high among BCDDP breast cancer patients as among normal screenees. Mothers who had breast cancer were reported by 6.8% of cancer patients, but by only 3.4% of normal screenees. Sisters with breast cancer were reported by 9.3% of cancer patients, as compared to 4.6% of normal screenees.

#### Efficacy of BCDDP Compared to State Health Care Net

The years, 1975 through 1979, represent a sequence of years of operation of BCDDP for which Hawaii

TABLE 5  
Reproductive History Variables for  
Cancer Cases and Normal Screenees

VARIABLE	CANCERS $\bar{X} \pm S.E.$	NORMALS + $\bar{X} \pm S.E.$	t value
Age at first pregnancy	26.12 $\pm$ 0.52	24.35 $\pm$ 0.06	3.41 ***
Number of live births	2.48 $\pm$ 0.11	2.88 $\pm$ 0.02	-3.57 ***
Number of stillbirths and abortions	0.53 $\pm$ 0.08	0.48 $\pm$ 0.01	0.59 NS
Total months spent breast feeding	6.35 $\pm$ 0.76	8.27 $\pm$ 0.18	-2.45 **
Age at menarche	12.54 $\pm$ 0.12	12.68 $\pm$ 0.02	-1.21 NS

\*\* P. < .01

\*\*\* P. < .001

† Screenees with no biopsy recommendations

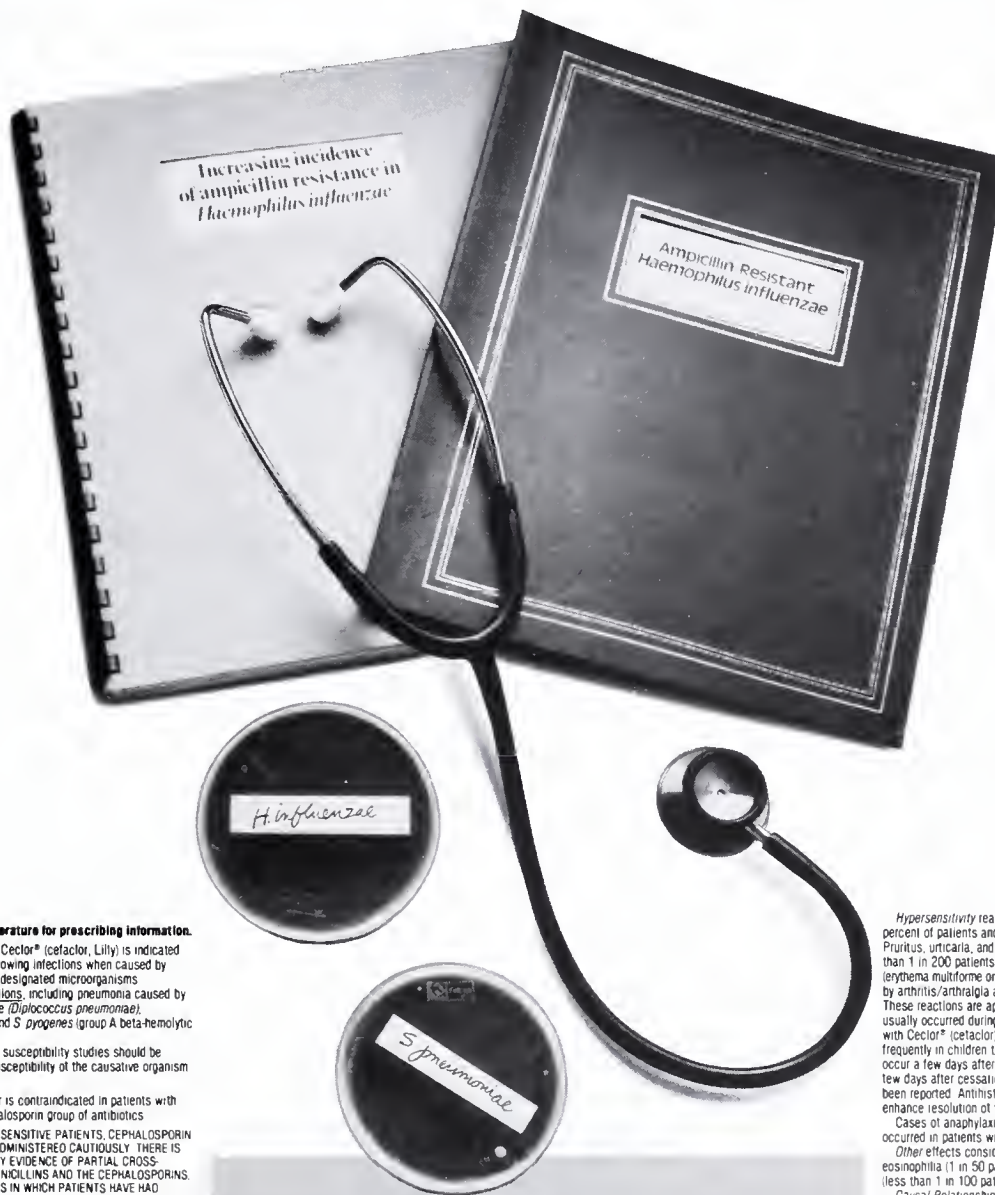
TABLE 6  
Breast Cancer Cases in Hawaii  
by Ethnic Group and Age  
1975-1979

Caucasian						
Age	BCDDP Screenees	BCDDP Cancers	Rate/ 1000	State Population Unscreened	Hawaii Tumor Registry Cancers*	Rate/ 1000
35-49	1324	22	16.62	19936	128	6.42
50-59	873	21	24.05	10062	92	9.14
60-74	475	17	35.79	8994	140	15.57
Japanese						
Age	BCDDP Screenees	BCDDP Cancers	Rate/ 1000	State Population Unscreened	Hawaii Tumor Registry Cancers*	Rate/ 1000
35-49	2469	23	9.32	24452	96	3.93
50-59	1515	31	20.46	17635	145	8.22
60-74	474	11	23.21	11542	96	8.32

\* Less BCDDP cases



# An added complication... in the treatment of bacterial bronchitis\*



## Brief Summary.

Consult the package literature for prescribing information.

**Indications and Usage:** Cefclor® (cefclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefclor.

**Contraindication:** Cefclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefclor, should be administered cautiously to any patient who has demonstrated some form of allergy particularly to drugs.

**Precautions:** If an allergic reaction to cefclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

**Usage in Pregnancy:** Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

**Usage in Infancy:** Safety of this product for use in infants less than one month of age has not been established.

**Adverse Reactions:** Adverse effects considered related to cefclor therapy are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Cefclor.

## Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Cefclor.<sup>1-6</sup>

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cefclor.<sup>7</sup>

# Cefclor®

## cefclor

Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthritis and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefclor® (cefclor). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain**—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic**—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic**—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal**—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

(100281R)

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

Note: Cefclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

## References

1. Antimicrob. Agents Chemother., 8:91, 1975.
2. Antimicrob. Agents Chemother., 11:470, 1977.
3. Antimicrob. Agents Chemother., 13:584, 1978.
4. Antimicrob. Agents Chemother., 12:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), 11:880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 487. New York: John Wiley & Sons, 1979.

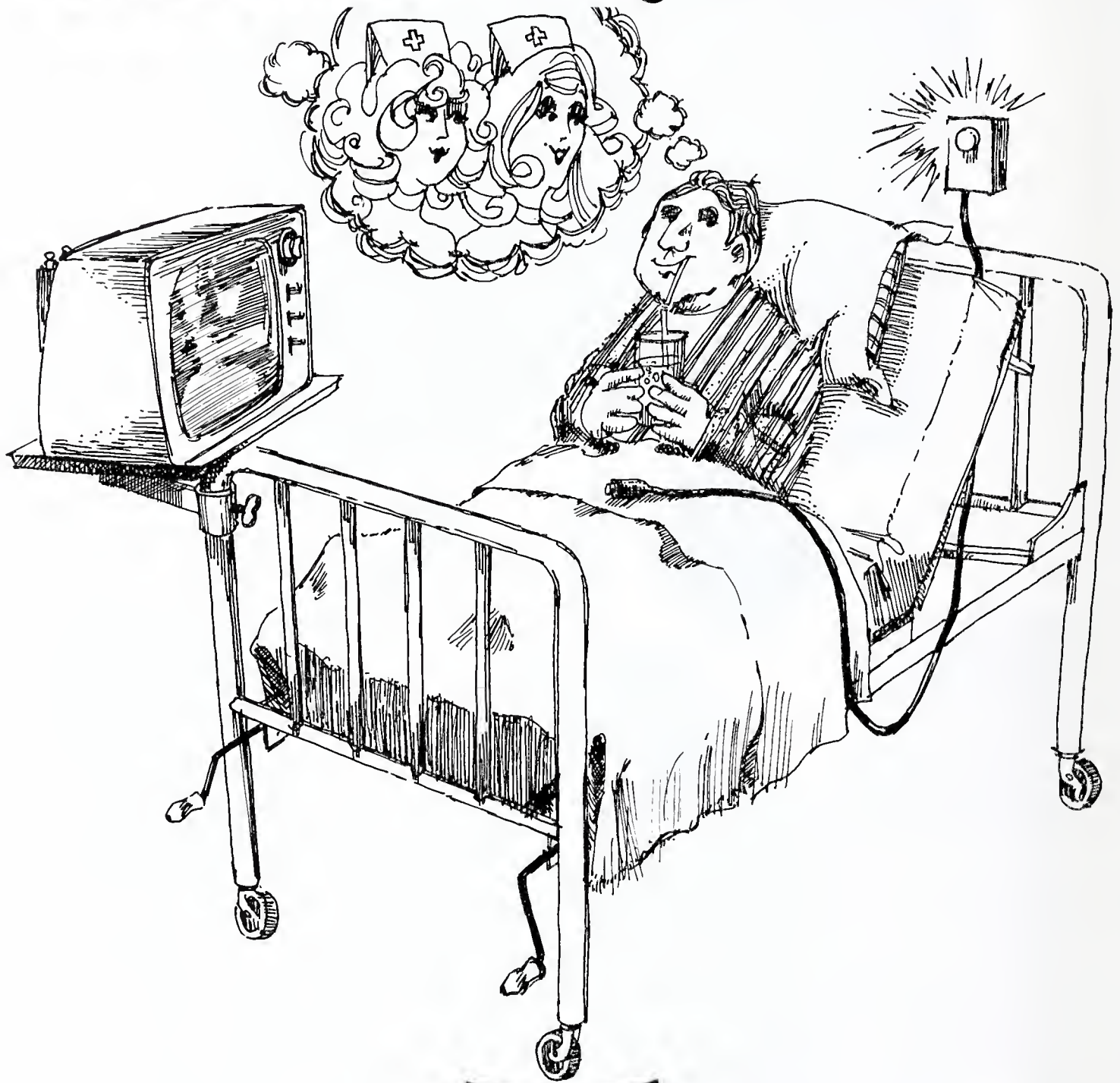


Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Eli Lilly Industries, Inc., Carolina, Puerto Rico 00630.

200066

# Is hospital care still to his benefit now?



Spare him the discomfort of an extra bundle of hospital bills.

When it's time to discharge a patient, remind him that HMSA can still cover therapy and diagnostic work



on an out-patient basis.

It's less expensive, and another way doctors and HMSA can help the people of Hawaii hold down the cost of their medical care.

**HMSA Utilization Review Department Ph 944-2355**  
**Hawaii Medical Service Association**



Tumor Registry data are available. Table 6 presents cancer cases detected by BCDDP and the population it screened, by age, for the Caucasian (European) and Japanese ethnic groups during that period. The unscreened population of the state and the residual breast cancers detected by the Hawaii Tumor Registry for these age and ethnic groupings are presented in columns 4 and 5. The BCDDP rate of breast cancer detection averaged 2.6 times higher than that found among unscreened Caucasian and Japanese women of comparable age in the state. The ratio of detection rates ranged from 2.4 times the state rate for Caucasian women ages 60-74 to 2.9 times the state rate for Japanese women ages 60-74. Application of the method of log odds ratio, after Fleiss,<sup>19</sup> revealed that the BCDDP rate of detected cancer was significantly higher than in the state generally for both Caucasian ( $X^2=46.59$ ;  $p<.001$ ) and Japanese ( $X^2=48.46$ ;  $p<.001$ ). There was no significant heterogeneity in the relative advantage of BCDDP among age groups in either Caucasians or Japanese and there was no significant difference in the efficacy of the BCDDP screening program between the two racial groups.

Further analysis of the differential efficacy of the BCDDP program, as compared with the state health care "net," was undertaken by analysis of breast cancer cases by stage and age, within race. For this purpose we considered among the BCDDP cases only those detected subsequent to initial screening. These cancers have been considered by consortium agreement as "incident cancers" and are distinguished from the 57 "prevalent cancers" histologically diagnosed on the basis of initial screening.<sup>20</sup>

The difference in rate of detected breast cancer by stage of disease between the Hawaii Tumor Registry and BCDDP was analyzed with simultaneous consideration of race and age and their interactions. It was found that even with regard to the "incident cases," for *in situ*, and for localized, but not for regional stages, the rate of detection by BCDDP was significantly higher than that achieved by the health care net at

Mode of Detection	Number of Cases Detected	Lymph Node Involvement	
		N	%
Mammography Alone	74	8	11%
Physical Exam Alone	37	8	22%
Physical Exam and Mammography	47	10	21%
Interval Cases	24	2	8%
Total BCDDP	182	28	15%
HTR (1975-1979)	1158	349	30%

large. This suggests that BCDDP was detecting more early cases, on the whole, as a result of its active screening program than were being detected by the relatively more passive but larger general health net. The discrepancy in detection rates accordingly would imply a *prima facie* beneficial impact of the screening program.

Evidence of early detection among breast cancers ascertained at BCDDP as compared with the HTR series for years 1975-1979 can be found in Table 7. Lymph nodal involvement among total BCDDP was 15%, as compared with 30% among HTR cases. It should be noted, moreover, that among BCDDP cases, where mammography was the sole mode of detection, only 11% showed lymph node involvement, whereas 22% had reached this stage when cancers were detected by physical examination alone.

## Summary

The Hawaii Breast Cancer Demonstration Detection Project (BCDDP) was one of 27 ACS/NCI projects set up to investigate the relative efficacy of mammography and palpation in detecting breast cancer in asymptomatic women. Between 1974 and 1980, the Hawaii BCDDP screened 10,031 women and detected 182 cancers, of which 67% were ascertained via a positive mammographic finding. More *in situ* cancer was found among Japanese than among Caucasian screenees. Cancer patients were older at first pregnancy and had fewer offspring than normal screenees and had twice the frequency of a positive family history of breast cancer. Comparisons with Hawaii Tumor Registry data indicated that BCDDP detected breast cancer at a higher rate and with less lymph node involvement than the larger health net in the state.

## REFERENCES

1. Beahrs OH, Shapiro S, Smart C: Report of the working group to review the National Cancer Institute — American Cancer Society breast cancer detection demonstration projects. *J. Nat. Cancer Inst.* 62:647, 1979.
2. Shapiro S: Evidence on screening for breast cancer from a randomized trial. *Cancer* 39:2772, 1977.
3. Shapiro S, Strax P, Venet L, et al: Changes in 5-year breast cancer mortality in a breast cancer screening program. *Seventh National Cancer Conference Proceedings* 663-668, 1973.
4. Strax P: Control of Breast Cancer Through Mass Screening. in *Breast Cancer*, A.C.W. Montague, G.L. Stonesifer and E.F. Lewison, eds., New York, 1977, pp. 165-1976.
5. Moskowitz M, et al: Lack of efficacy of thermography as a screening tool of minimal and stage one breast cancer, in *New Eng. J. Med.*, 295: 249, 1976.
6. Fink R, Roeser R, Venet W, et al: The effects of news events on response to a breast cancer screening program. *Pub. Health Rep.* 93: 318, 1974.
7. State Department of Health Research and Statistics Office, Health Surveillance Program, July, 1980.
8. Beahrs OH, Shapiro S, Smart C: Report of the working group to review the National Cancer Institute — American Cancer Society breast cancer detection demonstration projects. *J. Nat. Cancer Inst.* 62:685, 1979.
9. Stemmermann GN, Lipkovic P: Carcinoma of the breast in Japanese women living in Hawaii. *Gann* 60: 181, 1969.
10. Stemmermann GN, Rellahan W: Breast cancer in Hawaii Japanese Women: Histologic Patterns and Survival. *International Union Against Cancer*. 35: 226-332, 1978.
11. Levin L, Thomas DB: The Epidemiology of Breast Cancer, in *Breast Cancer*, A.C.W. Montague, G.L. Stonesifer and E.F. Lewison, eds., New York, 1977, pp. 9-35.
12. MacMahon G, Lin TM, Lowe CR, et al: Lactation and cancer of the breast. A summary of an international study. *Bulletin of the World Health Organization*, 42: 1249, 1969; Henderson BE, Powell D, Rosario I, et al: An epidemiologic study of breast cancer. *J. Nat. Cancer Inst.* 53: 609, 1974.
13. MacMahon B, Cole P, Brown J: Etiology of human breast cancer: A review. *J. Nat. Cancer Inst.* 50: 21-42, 1973.
14. Thomas DB, Lilienfeld AM: Geographic, reproductive and sociobiological factors, in Basil A. Stoll, ed., *Risk Factors in Breast Cancer*, Chicago, 1976, pp. 25-53.
15. Lilienfeld AM: The relationship of cancer of the female breast to artificial menopause and marital status. *Cancer* 9: 927, 1956.
16. Levin ML, Sheeche PR, Graham S, et al: Lactation and menstrual function as related to cancer of the breast. *Am J. Pub. Health* 54: 580, 1964.
17. See MacMahon et al. 1973 cited in note 12 above.
18. Lilienfeld AM: The Epidemiology of Breast Cancer. *Cancer Research* 23: 1503, 1963.
19. Fleiss JL: *Statistical Methods for Rates and Proportions*, New York, Wiley, 1973.
20. Report of the working group to review the National Cancer Institute — American Cancer Society breast cancer detection demonstration projects. *J. Nat. Cancer Inst.* 62: 663, 1979.

# THE HAWAII AIR NATIONAL GUARD NEEDS PHYSICIANS

## SPECIALTIES:

Family Physician  
Orthopedic Surgeon  
Surgeon  
Veterinarian  
Anesthetist — RN

## FOR FURTHER INFORMATION PLEASE CALL:

LtCol Wolter W.Y. Chang, M.D.  
(STATE AIR SURGEON)  
BUS. PHONE: 533-4271  
Col. Cosimer Jasinski, M.D.  
(CMDR, 154 USAF CLINIC)  
BUS. PHONE: 941-4326

## BENEFITS:

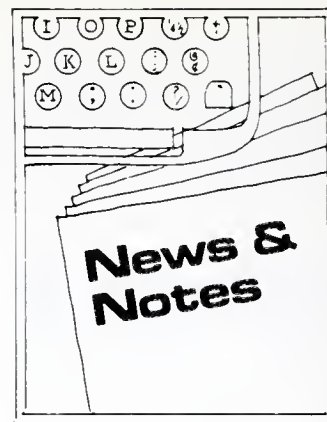
- ☐ Non-Contributory 20 Year Retirement Benefit.
- ☐ Low-Cost (\$5.25 Mo.) \$35,000.00 Life Insurance.
- ☐ Base Exchange and Commissary Privileges.
- ☐ Special Pay (Prior-Service).
- ☐ Free Travel on Space Available Military Flights.

## OPPORTUNITIES:

- ☐ Certified Medical Seminars.
- ☐ Voluntary World-Wide Short Tours of Active Duty.
- ☐ Accredited Post Graduate Training.
- ☐ Patriotism & Self-Fulfillment
- ☐ Recognition & Status
- ☐ Fellowship & Community-Ties
- ☐ Sense of Belonging



**"WE ARE HAWAII"**



HENRY N. YOKOYAMA, M.D.

## Physicians Speak up . . .

*Hawaii Tribune Herald* Editor Sherman Frederick wrote in his "Fishing" column in November that physicians over-utilize hospitals for personal profit . . . **Kelvin DeGinder** wrote: "My experiences as a physician just establishing myself in family medicine over the past year in Hilo have been quite the opposite to what you report. The financial reimbursement for hospitalizing a patient hardly compensates me for the amount of time expended driving to and from the hospital, often at troublesome hours, to evaluate them and fill out the amount of paperwork required to obtain and document their care . . . This amount of time could be more profitably and conveniently spent in my office seeing an average of 5-6 patients instead of one . . . Therefore, allow me to add my voice to those who have already stated that use of hospitalization for financial gain is an impractical and unrealistic illusion, and that most physicians use the hospital as a last resort in order to give a patient the best care when it can't be provided on an outpatient basis." (ED: And that goes for most practicing physicians, if not all . . .)

**Ed Kagihara** and **Fernando Atienza**, co-chairmen of the American Academy of Pediatrics' Committee on Accident and Poison Prevention, advocate a more aggressive posture to combat the worsening problem of drunk driving. The Academy's statistics show that motor vehicle accidents are the leading cause of fatal injuries to children through age 14 and more than 4,400 children die and 220,000 are seriously injured in car accidents each year. Alcohol is a factor in half of all fatalities and a fourth of the accidents . . . Senator Mary George, Senate transportation chairman, is proposing that anyone picked up for drunken driving get a mandatory fine and 10 days of community service for the first offense and for the second offense be jailed and driver's license revoked for one year . . .

**Roy Adaniya**, president of the Hawaii Thoracic Society, which is the medical arm of the Hawaii chapter of the American Lung Association, is urging the Association to spearhead an educational program on the deleterious effects of pot. Roy says, "It has only been in the past 10 years or so that marijuana's effects on the lungs have been investigated with controlled trials . . . Up to then, people took a pretty relaxed attitude toward the substance. The upsurge of use is only about 15 years old, but now 59% of 18- to 25-year-olds and 62% of 22- to 25-year-olds say they use it. Forty-four percent of those in the 26-44 age group also smoke pot . . . The scientific evidence is as follows: It takes 10 to 20 years of heavy cigarette smoking to produce the same type of sinusitis, pharyngitis, bronchitis or emphysema that less than a year of daily marijuana smoking pro-



# PEQEX

**NEW & RECONDITIONED  
MEDICAL EQUIPMENT  
FOR SALE**

- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT



PHYSICIAN'S EQUIPMENT EXCHANGE, INC.  
866 IWILEI RD., 207/HONOLULU, HI 96817

**537-2724**



duces . . . Marijuana smoke contains 50% more cancer-causing materials than cigarette smoke . . . The manner of smoking, particularly the deep inhaling technique and holding in smoke for long periods, increases the exposure of the lungs to dangerous materials . . . One marijuana cigarette can deliver as much tar as a dozen cigarettes and a single joint smoked for 15 minutes produces as high a level of carbon monoxide as 10 to 20 tobacco cigarettes smoked over a whole day . . . The average THC content in a joint was 1/5 of 1% in the 1960s, but now the THC content is 4 to 5% because of improved cultivation practices and scientific methods . . . Marijuana smokers get the same precancerous changes as tobacco smokers . . .

## Sportsmen . . .

The 4th Annual Honolulu County Medical Society golf tournament was held at the Hawaii Kai Golf Course with 49 physician participants and 12 lady golfers. Tournament committee members included **Cliff Chang** and **Bill Dang**, et al . . . The MD winners were as follows: 1st place: **Ed Kagihara**, who shot a sparkling net 65 and won a color TV and a \$300 certificate toward the purchase of a portable or mobile phone . . . (ED: It seems to us that Ed is fast becoming a perennial winner whose name will soon replace "Bill Dang" as a household term meaning "a cinch winner." Yet we are happy for Ed, because we can still recall the agony of his comeback trail after he suffered a CVA only a few years back . . .) In 2nd place was **A.B. Richardson**, who shot a net 66 and won a black & white portable TV and another \$300 certificate for a phone purchase . . . In 3rd place was **John Houk**, with net 67, and tied at net 68 were the threesome of **Allan Young**, **Nobu Nakasone**, and **Leonard Kiehm** . . . **Paul Tamura** was alone at net 69 and **Alvin "Tiger" Paraz** shot a net 70 . . . Our heartfelt condolences to **Herb Uemura** (an excellent tennis player) who shot hi gross, for we too have been there. (It seems that it was only the 3rd time that Herb has ever been on a golf course.)

In the Wahines' Flight, **Nellie Dang** shot a net 67 to win 1st place and tied at 2nd were "**Pokey**" **Richardson** and "**Ding**" **Mercado**, who both shot net 70 . . . The Guest Flight winners were Ray Hatate, with net 67, and Ray Maruyama (Geigy) with net 69 . . .

Tournament Co-Chairman **Bill Dang** wishes to thank the following generous contributors who made possible the prizes won by the participants: Tel Page — Dave Nattenberg; A&T Printers, Inc. — Harold Yamaguchi; Honolulu Physicians Exchange — June Morioka; Ray Hatate; HCMS President's Fund; PCML — **Paul Tamura**; **Calvin Kam**; **James Young**; Orthopedic Associates — **Al Chun Hoon**; Radiology Asso — **R.D. Moore**; SFH Pathology — **Y.K. Paik**; Accupath Lab — Tom Koabara; SFH ER — **Doug Ostman**; Roche Lab — Gordy Somekawa; **Henry Fong**, HCMS president; Dave Dubois; Vince Brown; Paul De Mare; Bio Science Lab; Wally Soong — Lilly . . .

## Physicians Speak Up . . .

The following dissertation entitled "On War & Warriors" appeared in the December 12 issue of the Advertiser: "We have just been according their full due of admiration to the heroes of past wars. Perhaps we should now reflect on

something Thomas Carlyle wrote in *Sartor Resartus*, over a century ago, . . . there dwell and toil, in the British village of Dumdrudge, usually some five hundred souls. From these . . . there are successively selected . . . say 30 able-bodied men. Dumdrudge, at her own expense, has suckled and nursed them; she has, not without difficulty and sorrow, fed them up to manhood . . . and trained them to crafts, so that one can weave, another build, another hammer, and the weakest can stand under thirty stone avoirdupois. Nevertheless, amid much weeping and swearing, they are selected; all dressed in red . . . and shipped away, at the public charge, some two thousand miles, or say only to the south of Spain; and fed there till wanted.

And now to that same spot . . . are 30 similar artisans, from a French Dumdrudge, in like manner wending, till at length, after infinite effort, the two parties come into actual juxtaposition; and Thirty stand fronting Thirty each with a gun in his hand. Straightway the word 'Fire!' is given and they blow the souls out of one another; and in the place of sixty brisk useful craftsmen, the world has sixty dead carcasses, which it must bury, and anew shed tears for.

'Had these men any quarrel? Busy as the Devil is, not the smallest! . . . Their Governors had fallen out; and, instead of shooting one another, had the cunning to make these poor blockheads shoot. — Alas, so it is in Deutschland too, and hitherto in all other lands.' **Harry L. Arnold, Jr, MD . . .**

Our HCMS president, **Thomas Cahill**, makes a point in the Dec 23 issue of the *Star Bulletin* . . . we have extracted therefrom: "State and federal officials are concerned with felony violations of state and federal laws. Hawaii Medical Association and Honolulu County Medical Society physicians are concerned with protecting the public from suboptimal physician practice and prescribing patterns which may harm rather than assist their patients. Although both groups have the interest of the public at heart, the methods used to attain their common goal are strikingly divergent. . .

"The state DIU under Jerome Estavillo seeks to acquire sufficient evidence against involved practitioners to assure a criminal conviction within our court system, and thus removal of the errant practitioner from our society . . .

"The HMA and the HCMS, through use of their peer review structure and physicians committee, seek to identify physicians whose prescribing practices may be potentially harmful to their patients, or may be indicative of other physical or emotional problems which could adversely affect their patients . . .

"Estavillo's contention that 'once we bring [a physician's excessive prescribing habits] to [his] attention there is no problem' is correct from a legal perspective . . . From the professional perspective, however, it is patently false . . . The involved physician may become more secretive in his actions, or persist in other poor prescribing practices which do not constitute criminal activity, but definitely could result in harm to his patients . . .

"Because Estavillo, in spite of repeated requests, refuses to share his awareness of problem prescribers, his actions would appear to be a significant factor in the limited awareness of the medical profession of problems within its midst. . . His fears that revealing information

to the medical society 'would put a black mark on the doctor' are equally unfounded . . .

"Reporting of clearly hazardous prescribing practices which remain unchanged in spite of appropriate professional intervention is clearly in the best interest of the public and profession . . .

"Only frequent and cooperative input from federal and state agencies and the public regarding problem physicians will allow us to maintain the highest professional and ethical standards within our community."

John Corboy was justifiably incensed by a Sept. 4 *Star-Bulletin* Health Page article, "Parents Take Tot to Prevent Experiments." The story describes how the parents of leukemia patient Amanda Accardi took her off chemotherapy in Los Angeles and carried her to Mexico for laetrile and yogurt. John wrote, "This one-sided report does grave disservice to your readers. Without a balancing medical commentary, such anecdotes belong in the gossip columns, not on the Health Page. . . Obviously, it was difficult for the physician at Los Angeles Children's Hospital to convince the parents of the wisdom of continuing the therapy. But irresponsible reports, such as these make it all the more difficult in the future . . . The Health Page should promote responsible reporting of news relating to medical and health sciences."

The National Cancer Institute reported that Hawaiians and part-Hawaiians have nation's highest cancer rate, followed by black men, white men, white women and black women. Americans of Oriental descent had lower cancer rates and American Indians and Hispanics had the lowest cancer rates . . . **Laurence Kolonel**, who heads the epidemiology section at the Cancer Center of Hawaii, says the center has noted that although Hawaiians and part-Hawaiians have higher rates of lung, breast and stomach cancer, they have lower rates for colon, rectal, and bladder cancers . . . The cumulative risk of an American's probability of getting cancer before age 74 is 30.8, with 34.2 percent for men and 28.4 percent for women . . . Recent statistics show that 45 percent of patients with serious cancer, are cured by surgery alone . . . Three types of cancer — rectal-colon, breast, and lung — account for more than 2/5 of all cancer deaths. Lung cancer is responsible for 1/5. GI cancers, including colon-rectal cancers, account for 23.7 percent of diagnosed cases and 28.5 percent of deaths. Respiratory system cancers account for 15.8 percent of cases and 22.9 percent of deaths. . . Breast cancer accounted for 14.1 percent of all cancers and 27.7 percent of cancers in women. It accounts for 9.2 percent of all deaths and nearly a fifth of cancer deaths in women . . .

**Michael Weiner** who has PhD's in ethnobotany and ethnomedicine, and has written "Earth Medicine, Earth Foods: Plants for Survival," feels that Hawaiians have a higher risk of cancer than other ethnic groups because they are alienated from their original culture and instead of eating the protective foods they once did, they're eating westernized junk. His new book, "Way of the Skeptical Nutritionist," shows how Pacific island and Asian food choices and preparation methods are closely linked to the prevention of disease. "People are eating junk food at the expense of protective foods," says Michael . . .

Cardiologist **Roger White** became interested in radioactive thallium while doing his residency at U of Chicago medical school, where there was a cyclotron in the basement . . . He



# TAX PLANNING Through PROFITABLE INVESTMENTS

## THREE-DAY SEMINAR

at the

Sheraton Royal Waikoloa Hotel

**July 29, 30 and 31st, 1982**

### — SPEAKERS INCLUDE —

- Joseph V. Miccio, Ph.D., Professor U.H., CPA, Author, Economist
- Harvey A. Hartenstein, Realtor, NASD Securities Broker, Business Consultant
- Harold Sasaki, CPA, Managing Partner of Sasaki & Vyas, HSCPA Continuing Education Chairman
- M. Russell Goode, Jr., Realtor, MBA Finance, Investment Counselor

### — PROGRAM INCLUDES —

Thursday

8:30-11:00 a.m. - Elements of Investing, Investment Climate '82/'83, Impact of 'Reaganomics'

Friday

8:30-11:00 a.m. - Tax Shelters, Limited Partnerships, Group Investments, Retirement/Profit & Pension Plans.

Saturday

8:30-11:00 a.m. - Focus on Specific Tax-Saving Techniques

Afternoons available for individual consultations with speakers OR . . . Relax and Enjoy! Golf & Tennis Tournaments, Snorkling or Scuba Diving, Fishing, Horseback Riding, Tours, Shopping etc.

## THIS SEMINAR COULD SAVE YOU THOUSANDS IN TAXES THIS YEAR!

*Note: This seminar qualifies as a tax deductible educational expense.*

**THREE-DAY SEMINAR including individual consultation — \$295 per person.\***

**\*Early Registration (before May 25th) \$250 per person.**

**My check for \$ \_\_\_\_\_ enclosed. Deadline for registration is June 25, 1982.**

Special Hotel Rate Available — \$99 per person, double occupancy  
(includes 4 days, 3 nights & 4 rounds of golf)

Please make my hotel reservation at special rate \_\_\_\_\_

I'll be making my own hotel & travel arrangements \_\_\_\_\_

**To register for Seminar send check payable to:**

**Hawaii Professional Seminars, 615 Piikoi St., Suite 1905  
Honolulu, Hawaii 96814 Phone: 536-2213**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

developed a prototype test using thallium to observe heart function during treadmill stress testing. Since coming to Straub two years ago, Roger and colleagues, **Robert Nordyke, Fred Gilbert, Raymond Itagaki, and David Fergusson**, have studied over 300 patients using radioactive thallium and the test has proven to be 98% accurate for detecting coronary disease. The thallium test cost is about one-tenth that of angiography; it is safer, and is non-invasive . . . About 100 of the 300 patients screened had problems severe enough to require angiography and many were subsequently operated on.

Straub cardiologist **David Fergusson** reports a 50% success rate with balloon angioplasty. David says, "It has become apparent that the success depends a lot on the careful selection of candidates for balloon angioplasty. The best ones are those with only one artery involved. As more arteries are found to be blocked, the risks become higher and bypass surgery is a better choice of treatment . . . Balloon angioplasty was started in 1977 in Zurich, Switzerland and spread to Germany and the U.S. and now in large medical centers has a success rate of about 60%. There is a 30% failure rate and about 10 percent develop a worsened blockage."

**Robert Kistner**, in his dedication speech for Straub's new \$10.5 Makai Wing and Straub's 60th birthday, took a swipe at government medical-cost-containment measures . . . "So many people have gotten into the medical act, we're concerned about medical care. It's become a political problem and a national economic problem . . . Common sense dictates that there is a point there, if you're going to limit costs, you're going to have to compromise quality. It's our belief that we can ill afford to compromise quality."

State narcotics officials report that cocaine has caused 11 deaths in Hawaii since 1976. **Brian Burris**, a counselor with the Drug Addiction Services of Hawaii, says cocaine use in Hawaii has at least doubled in the past three years. Brian says users sometimes exhibit a condition clinically indistinguishable from schizophrenia. Cocaine will take a neurosis and blow it out into a full-blown psychotic affair. **Eugene Kawaguchi**, QMC ER physician, feels cocaine isn't much of a problem in emergency room cases, esp compared to heroin, barbiturates and Quaaludes . . . Eugene feels that a person who snorts cocaine would have to snort a tremendous amount before he could get into trouble . . . and then he would probably pass out before he got enough . . . The only way you can get a lethal dose is to shoot it . . .

**Dr Scott Halstead** is a medical gumshoe." (according to Advertiser medical writer Pat Hunter). Scott has been working with dengue fever for the past 20 years . . . Dengue fever girdles the world in the tropical latitudes. In Southeast Asia and most recently in Cuba, dengue takes the virulent form of dengue hemorrhagic fever (DHF) or dengue shock syndrome (DSS) and kills 5 to 10 percent of its victims — mostly children. Scott says that dengue fever can be caused by four separate viruses type 1, 2, 3, or 4, and all four are endemic in Southeast Asia. Several studies have shown that the shock syndrome (DHF/DSS) occurs with type 2 virus after the victim has had an initial with types 1, 3 or 4. So the implication of studies thus far is that perhaps only a vaccine against type 2 will be needed. Scott's work may one day provide relief from suffering by an estimated 1.5 billion people living in the tropical zones . . .





# Where to go For BUSINESS DINING



## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

*Top of the Blvd.  
and Waimalu*

**Both Open 24 Hrs.**  
(Except the Wee Hours  
of Monday Morning)

Cartoon  
Courtesy of  
The Honolulu  
Star-Bulletin

©DAV

**CONSISTENTLY GOOD  
CHINESE FOOD . . .**

**CHINESE AND AMERICAN FOOD**

*Coral Reef*

**Restaurant and lounge**

**Mauka side next to Woolworth**

**1006 Ala Moana Center**

**Open from 10:30 AM to 9:30 PM**

**Sundays 10:30 AM to 5 PM**

**Phone: 949-3500**

**Now Serving  
Hot and Spicy  
Dishes for Dinner**



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Hobron Lane.

•PHONE: 955-8844•

OPEN DAILY -

Lunch-11:00 a.m.-2:00 p.m., Dinner-5:00 p.m.-1:00 a.m.

VALET & FREE VALIDATED PARKING



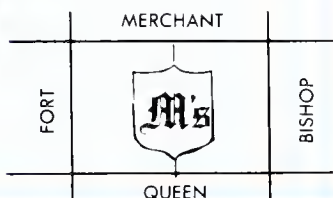
**Breakfast - Lunch - Cocktails  
in the heart of Downtown.**

**M's Coffee  
Tavern**  
6:30-2 P.M.

**Cheerio Room**  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern  
or inn."

*Samuel Johnson*



**Arthur's**

Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.

*Flamingo Restaurant*

**Seafood in its  
Finest Hour**

Any hour from 11 am to 10 pm,  
Fridays & Saturdays 'til 11 pm.

**THE SEAFOOD EMPORIUM**

Please call 922-5547 for reservations

Royal Hawaiian Shopping Center, second floor • corner of Kalakaua and Lewers



*Enjoy one  
of these fine  
eating places  
today!*

(Formerly Napualani)

**4 Banquet Rooms**

**For 20-250 Persons**

**Breakfasts—Luncheons**

**Dinners—Cocktails**

Full sit-down dinners from \$6.95

Ample Validated Parking

Reservations: Ann Kubota, 922-3861

**Quality Inn Waikiki-Paoakalani & Kuhio**

On the "Big Island" it's Quality Inn Hilo





# Leasing Isn't What It Used To Be.



New tax laws have increased both the Investment Tax Credit and depreciation benefits available through leasing. That means many lease rates are now lower than ever.

In addition, these new laws have made the structuring of leases much more flexible. Now you can negotiate a fixed purchase option, for instance, and still write off the entire lease payment as a business expense.

At Bancorp Leasing we have the expertise to put these expanded tax advantages to work for you, and we can structure a lease that suits your needs perfectly.

Now that leasing is better than ever, you need Bancorp Leasing more than ever.

Give us a call at 537-8811.

  
**Bancorp Leasing  
of Hawaii**

A subsidiary of Bancorp Hawaii, Inc.  
and an affiliate of Bank of Hawaii.

# It's Better.





JUNE 1982  
VOL. 41, NO. 6

# Hawaii MEDICAL JOURNAL

## CONTENTS

Editorials and Opinions 166

Book Review 167

Continuing Medical Education 168

**Surgical Treatment of Cyanotic  
Congenital Heart Disease**

Ricardo J. Moreno-Cabral, M.D., Honolulu,  
and Norman E. Shumway, M.D. 171

HMA Auxiliary 175

Over the Editor's Desk 176

News and Notes 180

Index to Vol. 40, 1981,  
Hawaii Medical Journal 182

U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143

LIBRARY  
U.C. SAN FRANCISCO

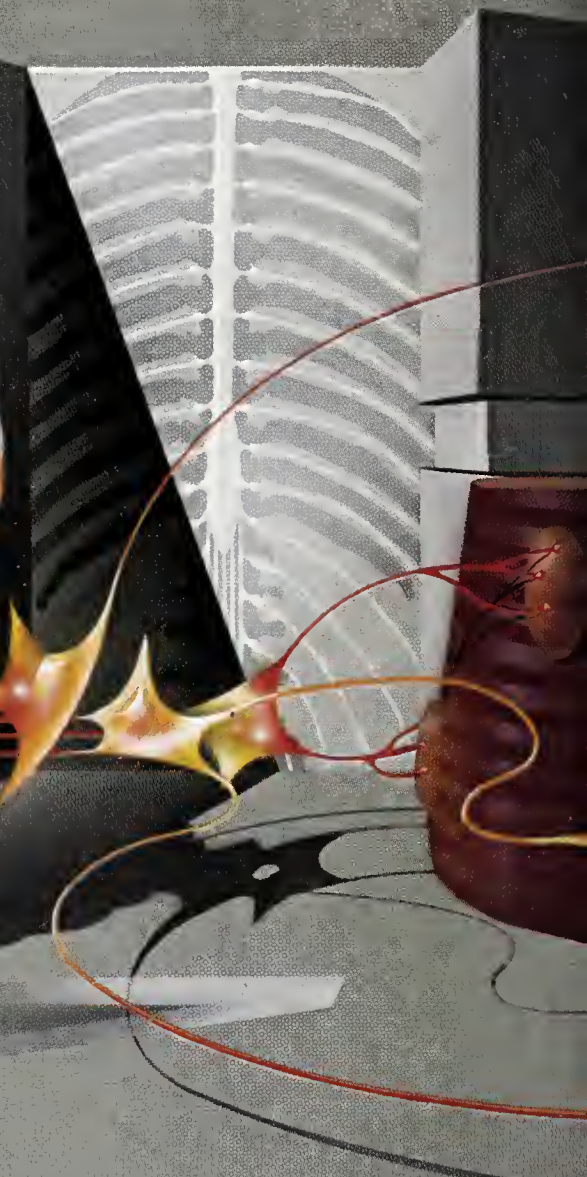
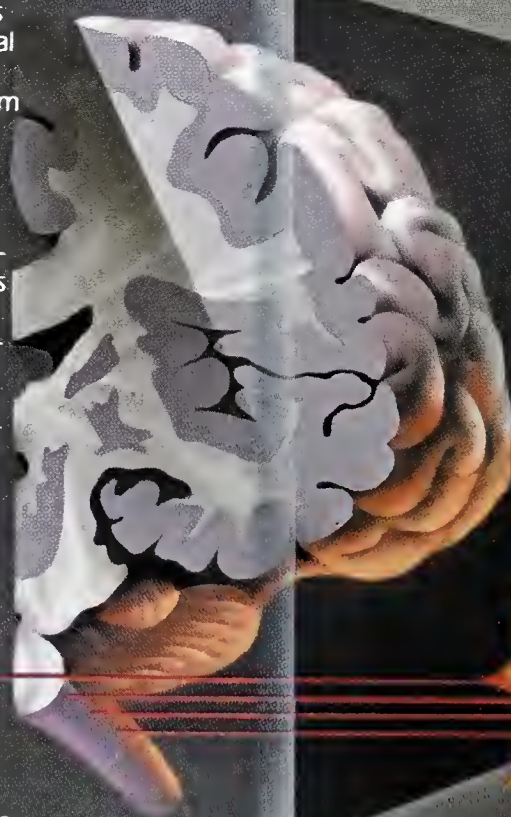
JUN 28 1982



# SKELETAL MUSCLE SPASM

## Actions associated with spasm

Normally, presynaptic inhibition of impulses to motoneurons prevents the continuous contraction of skeletal muscles. When this regulatory mechanism is overloaded, however, it cannot cope with the excessive number of impulses directed at the motoneurons and muscles go into spasm. This bombardment of impulses may come from the brain stem reticular formation or the spinal cord—or both. Whichever the source of the impulses, adjunctive Valium (diazepam/Roche) has demonstrated its ability to relieve the spasm-pain-spasm cycle. This has long been known. Now evidence is emerging that Valium may have skeletal muscle relaxant activity not only at the brain and spinal levels but possibly at a third site—the muscle itself.



## Counteractions associated with Valium® (diazepam/Roche)

### In the reticular formation

Animal experiments have shown a reduction in the rate of neuron firing in the brain stem reticular formation after administration of Valium.<sup>1,2</sup> This system, therefore, may be a major site of Valium action.

### In the spinal cord

The ability of Valium to diminish skeletal muscle spasm may also be due to its action at the spinal level. Both animal and human experimental evidence indicates that Valium appears to improve the efficiency of presynaptic inhibition in the spinal cord.<sup>3-6</sup>

### In the muscle itself

In both animal<sup>7</sup> and human<sup>8</sup> studies, Valium has been shown to have a direct effect on the muscle itself. Diazepam, administered to 15 spastic patients with neurological lesions, reduced the amplitude of the compound action potential of direct muscle response as well as the isometric twitch tension. From this, it was postulated that Valium may affect the contractile properties of muscle and possibly

**References:** 1. Przybyla AC, Wang SC. *J Pharmacol Exp Ther* 163 439-447, 1968. 2. Tseng TC, Wang SC. *J Pharmacol Exp Ther* 178 350-360, 1971. 3. Stratten WP, Barnes CD. *Neuropharmacology* 10 685-696, 1971. 4. Schmidt RF, Vogel ME, Zimmermann M. *Arch Exp Pathol Pharmacol* 258 69-82, 1967. 5. Murayama S, Uemura H, Suzuki T. *Jpn J Pharmacol* 22 (Suppl) 79, 1972. 6. Verrier M, MacLeod S, Ashby P. *Can J Neurol Sci* 2 179-184, Aug 1975. 7. De Groof RC, Bianchi CP, Narayan S. *Eur J Pharmacol* 66 193-199, 1980. 8. Verrier M, Ashby P, MacLeod S. *Am J Phys Med* 55 184-191, 1976. 9. Fowles EW, Strickland DA, Pearson GA. *Am J Phys Med* 44 9-19, 1965.

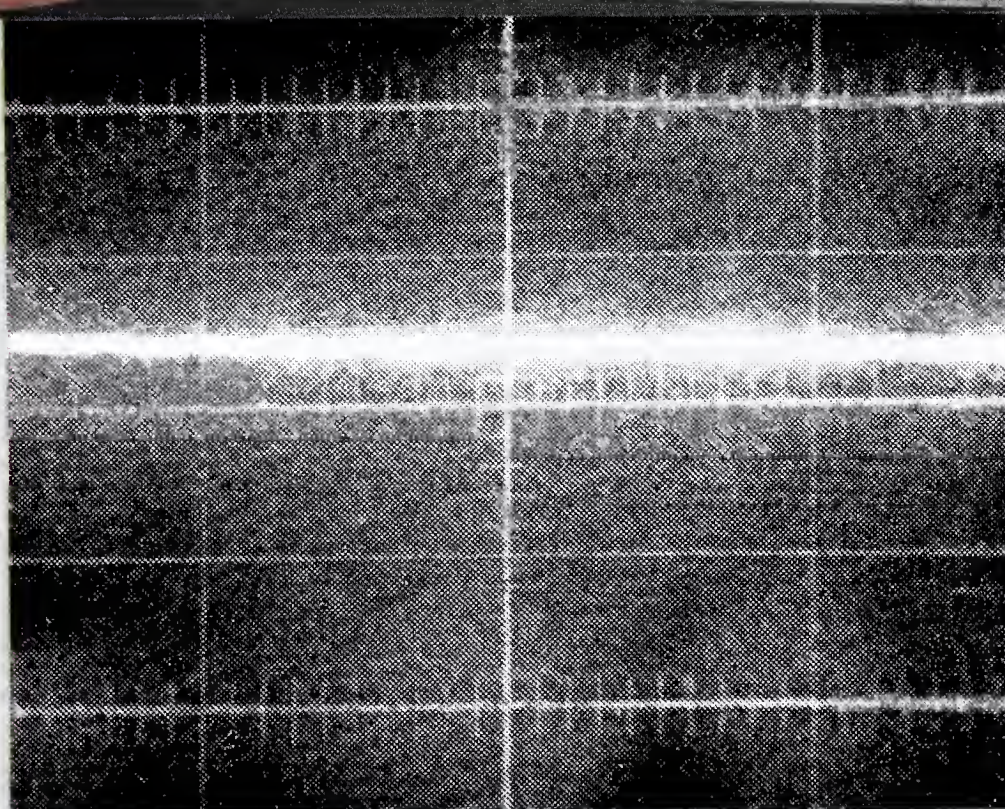


Actions and Contraction



Electromyographic evidence of muscle spasm in a patient before administration of diazepam\*

35 minutes after  
I.M. diazepam  
10 mg, muscles are  
completely relaxed\*



\*Adapted from Fowlks EW, et al.<sup>9</sup>

the electrical properties of muscle membrane. Recent *in vitro* studies demonstrated that diazepam decreases tension in rapidly stimulated muscle and increases the rate of loss of calcium (needed for efficient coupling of action potential to muscle contraction) in the skeletal muscle of frogs. While these studies imply three possible sites of Valium (diazepam/Roche) activity, conclusive proof of the sites of action of Valium will require further research.

# Adjunctive **VALIUM**<sup>®</sup> <sup>IV</sup> diazepam/Roche

2-mg, 5-mg, 10-mg scored tablets  
Tel-E-Dose<sup>®</sup> Reverse-Number Packs  
2-ml Tel-E-Ject<sup>®</sup> ready-to-use  
disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials }

Please see following page for a  
summary of product information.





# Adjunctive **VALIUM**® diazepam/Roche

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in: relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome. *Oral form* may be used adjunctively in convulsive disorders, but not as sole therapy. *Injectable form* may also be used adjunctively in: status epilepticus, severe recurrent seizures, tetanus; anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures; cardioversion. The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets in children under 6 months of age; known hypersensitivity; acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL.** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients; should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication, abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V.: inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest, concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea; have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or less); prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence, can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam/Roche), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated). The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return; re-administer if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures

available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, discontinue drug. Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam/Roche) therapy and are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Dosage:** Individualized for maximum beneficial effect.

**ORAL—Adults:** Anxiety disorders, relief of symptoms of anxiety, 2 to 10 mg *b.i.d.* to *q.i.d.*; acute alcohol withdrawal, 10 mg *t.i.d.* or *q.i.d.* in first 24 hours, then 5 mg *t.i.d.* or *q.i.d.* as needed, adjunctively in skeletal muscle spasm, 2 to 10 mg *t.i.d.* or *q.i.d.*, adjunctively in convulsive disorders, 2 to 10 mg *b.i.d.* to *q.i.d.* *Geriatric or debilitated patients:* 2 to 2½ mg 1 or 2 times daily initially, increasing as needed and tolerated (See Precautions.) *Children:* 1 to 2½ mg *t.i.d.* or *q.i.d.* initially, increasing as needed and tolerated (not for use under 6 months).

**INJECTABLE:** Usual initial dose in older children and adults is 2 to 20 mg I.M. or I.V., depending on indication and severity. Larger doses may be required in some conditions (tetanus). In acute conditions injection may be repeated within 1 hour, although interval of 3 to 4 hours is usually satisfactory. Lower doses (usually 2 to 5 mg) with slow dosage increase for elderly or debilitated patients and when sedative drugs are added. (See Warnings and Adverse Reactions.)

For dosages in infants and children see below; have resuscitative facilities available.

*I.M. use: by deep injection into the muscle.*

*I.V. use: inject slowly, take at least one minute for each 5 mg (1 ml) given. Do not use small veins, i.e., dorsum of hand or wrist. Use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.*

Moderate anxiety disorders and symptoms of anxiety, 2 to 5 mg I.M. or I.V., and severe anxiety disorders and symptoms of anxiety, 5 to 10 mg I.M. or I.V., repeat in 3 to 4 hours if necessary; acute alcoholic withdrawal, 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary. Muscle spasm, in adults, 5 to 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary (tetanus may require larger doses); in children, administer I.V. slowly; for tetanus in infants over 30 days of age, 1 to 2 mg I.M. or I.V., repeat every 3 to 4 hours if necessary; in children 5 years or older, 5 to 10 mg repeated every 3 to 4 hours as needed. Respiratory assistance should be available. Status epilepticus, severe recurrent convulsive seizures (I.V. route preferred), 5 to 10 mg adult dose administered slowly, repeat at 10- to 15-minute intervals up to 30 mg maximum. Repeat in 2 to 4 hours if necessary keeping in mind possibility of residual active metabolites. Use caution in presence of chronic lung disease or unstable cardiovascular status. Infants (over 30 days) and children (under 5 years), 0.2 to 0.5 mg slowly every 2 to 5 min., up to 5 mg (I.V. preferred). Children 5 years plus, 1 mg every 2 to 5 min., up to 10 mg (slow I.V. preferred); repeat in 2 to 4 hours if needed. EEG monitoring may be helpful.

In endoscopic procedures, titrate I.V. dosage to desired sedative response, generally 10 mg or less but up to 20 mg (if narcotics are omitted) immediately prior to procedure; if I.V. cannot be used, 5 to 10 mg I.M. approximately 30 minutes prior to procedure. As preoperative medication, 10 mg I.M.; in cardioversion, 5 to 15 mg I.V. within 5 to 10 minutes prior to procedure. Once acute symptomatology has been properly controlled with injectable form, patient may be placed on oral form if further treatment is required.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure; employ general supportive measures, I.V. fluids, adequate airway. Use levarterenol or metaraminol for hypotension. Dialysis is of limited value.

**How Supplied:** ORAL. Scored tablets—2 mg, white, 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500.\* Prescription Paks of 50, available in trays of 10,\* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25† and in boxes containing 10 strips of 10.†

**INJECTABLE:** Ampuls, 2 ml, boxes of 10;† Vials, 10 ml, boxes of 1;† Tel-E-Ject® (disposable syringes), 2 ml, boxes of 10.†

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110



ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



# HAWAII MEDICAL JOURNAL

(USPS 237-640)

*Published Monthly for the*  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

*Editor,* HARRY L. ARNOLD, Jr., M.D.  
*Managing Editor,* DORIS R. JASINSKI, M.D., M.P.H.  
*News Editor,* HENRY N. YOKOYAMA, M.D.  
*Associate Editors,* JOHN M. CORBOY, M.D.  
J. I. FREDERICK REPPUN, M.D.  
*Editorial Assistants:* BECKY KENDRO, JENNIE ASATO

*Editorial Board:* FRANCIS H. FUKUNAGA, M.D.,  
NORMAN GOLDSTEIN, M.D., RALPH W. HALE, M.D.,  
THOMAS C. HALL, M.D., ROBERT T. S. JIM, M.D.,  
JAMES LUMENG, M.D., DOUGLAS G. MASSEY, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.

*Publications Committee:* CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
DORIS R. JASINSKI, M.D.,  
(Chairman)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

*President,* ANN B. CATTS, M.D.  
*President-Elect,* CALVIN C.M. KAM, M.D.  
*Past President,* NEAL E. WINN, M.D.  
*Secretary,* KWONG YEN LUM, M.D.  
*Treasurer,* WILLIAM H. HINDLE, M.D.

*County Presidents*  
*Hawaii,* ERNEST L. BADE, M.D.  
*Honolulu,* THOMAS G. CAHILL, M.D.  
*Kauai,* JOHN W. NEWMAN, M.D.  
*Maui,* MICHAEL R. SAVONA, M.D.  
*West Hawaii,* KENNETH GRANT

*Delegate to AMA,*  
HERBERT Y.H. CHINN, M.D.  
*Alternate Delegate to AMA,*  
WILLIAM E. IACONETTI, M.D.

*Advertising Representatives*  
National  
**UNITED MEDIA ASSOCIATES, INC.**  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
**CROSSROADS PRESS, INC.**  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc. for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.

## Alaska Connections

### SALMON FISHING '82



Visitor's Catch 1981

### Hawaiian Hospitality Away From Home

Join this elite sportfishing club and enjoy Alaska's excellent saltwater salmon fishing.

- Feel the excitement of reeling in a 30-40 lb. King Salmon
- Listen to your reel zing as a 12-20 lb. Silver Salmon takes your line
- Taste the freshness of crab and fish you caught and prepared with your own hands
- Experience Alaska as no ordinary tourist would. Take part in enjoying our "Last Frontier"

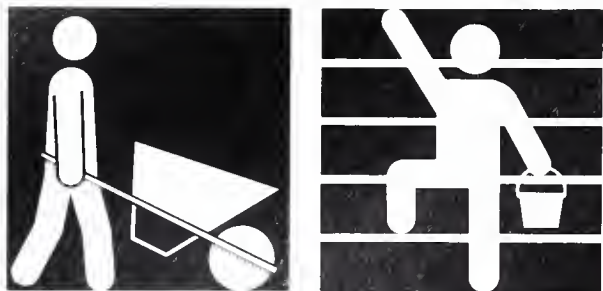
<b>King Salmon</b>	<b>Halibut</b>
<b>Silver Salmon</b>	<b>Red Snapper</b>
<b>Chum Salmon</b>	<b>King Crab</b>
<b>Pink Salmon</b>	<b>Dungenous Crab</b>

Fish the protected waters of Alaska's famous "Inside Passage" from one of two 26' fishing boats and return each evening to the comforts of the club's private cabin on Shelter Island (located just outside of Juneau). No frills, just good fishing and a great time.

Your hosts at Shelter Lodge will be Richard Yamada and Blake Kazama (both local boys from Hawaii) who have over 14 years combined fishing experience in Alaska. Fishing parties of no more than 15 will be leaving Honolulu every Sunday, beginning June 13, for 5 days of excellent fishing. Package price is approximately \$1,600 (Airfare included).

Remember, space is limited, so call now to place your reservation.

**P.O. Box 1161 Kailua, HI 96734 Ph. 261-3929**



## Get your compensation patients back to work

CHART understands the special needs of the disabled worker. Our rehabilitation therapy includes Work Simulation to get your patients ready to return to work without fear and with less chance of re-injury. Call CHART for more information about getting your patient back to work.

Rowlin L. Lichter, M.D. *Medical Director*



# CHART™

Comprehensive Health and  
Rehabilitation Training

1314 South King Street Suite 750  
Honolulu Hawaii 96814 Telephone 523-1674



## The Death Call

That occasional call to come to the home to pronounce dead someone you know is beyond your help may seem an incredible burden to you, but to the family it may be among your richest acts as a physician.

A home death — even if expected — carries a burden of guilt in survivors. Your coming to the home at that crushingly difficult hour is a cleansing act of ancient and deeply emotional significance — your presence is a calming and healing influence. The sense that you have done all you can heals and comforts the family. You are the symbol that they too have done all *they* can do, and this is sorely needed.

To be very practical, there are other things you can do. You can be the rational one who calls the mortuary when everyone else at the deathbed cannot pick up the phone for that hatefully significant final act. You can open the question of an autopsy if appropriate, or agree that it is superfluous. In a helpful few minutes you can call a relative or two, or friends — anyone who can help the family in the hours of anguish and confusion. Just the simple, honest bedside inquiry, "What else can I do for you?" is the essential message of support and caring that the bereaved so eagerly seek from their physician. Your personal involvement there and then is an ancient heartfelt need that no "health care system" or surrogate can totally replace without further sad erosion of our professionalism.

Granted, there are times when you simply cannot go. Then, and only then, should the help of another physician be invoked. And last in the chain should be paramedical persons, willing or capable may they be.

With modern technology there are few situations wherein you cannot be entirely replaced. The Death Call is one of these. As physicians, let us keep insofar as possible this privilege and responsibility in our hands.

Frank L. Tabrah, M.D.

## Aloha Ka'ua, George Yuen!

Health Director George Yuen retired recently from the position he has held since 1974, when he left the Board of Water Supply to become the first non-M.D. head of the Department of Health. The law had just been changed, over the strenuous objections of the Hawaii Medical Association, to permit a person not "an M.D. with public health experience" to head the health department — on the ground that qualified applicants were too few.

Yuen was not altogether unqualified for the job. In 1942, he received a degree in public health engineering (he already had one in structural engineering) from the University of Michigan, and he also holds a certificate of competence in sanitary engineering. His work in the Board of Water Supply had public health aspects, of course. But he was appointed primarily as a competent administrator.

It is unfortunate that he felt impelled to take retirement in the midst of the deplorable squabble about whose fault it was that heptachlor got into our milk supply and that its presence there



"...sex and violence  
everywhere!"



was not immediately made known. The handling of this by the press as though it represented a real and present danger to the health of consumers — instead of merely a technical violation of federal standards of pesticide contamination, which is all it was — made it a public scandal, which it need not have been; and there were many ready to lay all the blame at Yuen's door. In a way, he accepted this by his retirement; but in fact, it was the system that let him down.

The record of his nearly 8 years of leadership is impressive. During that time, new programs were established to deal with assurance of safe drinking water, prevention of drug abuse, better care for the elderly, hospice care, litter control, statewide emergency ambulance service, added room for handling the criminally insane, and community support within the county-state hospital program — with state subsidies reduced by nearly 60% in the latter program.

Immunization against children's diseases now reaches 98% of the population. Leprosy facilities have been greatly improved at both Kalaupapa and Leahi Hospital, despite the strenuous objections of a few patients to being moved out of the unsafe and outmoded facilities at Hale Mohalu. Waimano Home for the mentally retarded has been improved in regard to its programs and support facilities. The Hawaii State Hospital for the mentally ill has finally won federal certification and is planning a village-type treatment center already hailed as a real advance.

George Yuen leaves the Department of Health, and Hawaii's health picture generally, far better than he found it. He can take pride in his performance. His self-abnegation and loyalty to the governor, in retiring during the heptachlor controversy, make this action an admirable one, which should not be taken to diminish the luster of his service to Hawaii. His act will not be an easy one to follow; and while we would hope that a qualified M.D. or D.P.H. administrator can be found to succeed him after Charles G. Clark's presumably temporary stewardship ends, we believe Yuen has showed us that an intelligent administrator without these qualifications can still do an excellent job in this important office.

HLAJr.

## Book Reviews



Something Hidden, by Jefferson Lewis. Doubleday, Toronto, Ontario, Canada, and Garden City, New York, 1981. 311 pp., index. Price \$17.95.

Wilder Graves Penfield, the first neurological surgeon to unite neurosurgery and medical neurology both in his person and in the institution and the city — Montreal, Canada — in which he practiced for most of his life, is a physician and surgeon for all seasons, and his life, written by one of his grandsons, makes marvellous reading.

He was born in Spokane (then Spokane Falls), Washington, January 26, 1891. In 1915 he went to Oxford as a Rhodes scholar, where he was able to work with both Sir William Osler and Charles Sherrington. He married Helen Kermott in 1917 and returned to France, where he saw war service, returning to America and an internship at Peter Bent Brigham Hospital in 1918. Working with Harvey Cushing made him decide on "brain surgery" for a career; but his work with Sherrington had set his mind on clinical neurology, not general surgery, as the path-

# Doctors . . .

*you can have YOUR OWN*

## "IN-OFFICE" COMPUTER SYSTEM

- Versatile
- Economical
- Reliable
- Compact

Please call us for more details or to arrange a demonstration.

**531-8441**

### A&F ENTERPRISES

1188 Fort Street Mall, Suite 201  
Honolulu, Hawaii 96813

Specializing in Medical & Dental systems.  
Authorized TOSHIBA dealer.

## The United States Air Force Medical Corps

is currently accepting applications  
for the following specialties:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.

**AIR**  
**FORCE**  
A great way of life.

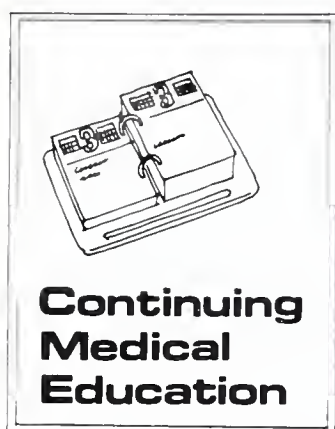
way to that specialty, and this was the path he pursued.

In 1928 he went to Montreal as professor of neurological surgery at McGill and surgeon-in-charge of neurosurgery at the Royal Victoria Hospital. There he was to succeed in what everyone thought impossible: to bring medical neurology, in those institutions and in the city of Montreal, into close association with neurosurgery, overcoming the clannishness of both specialties and the language barrier between French and English, in the process.

For 40 years, and through 2000 operations, many of them for the removal of a focal brain lesion causing epilepsy, he kept his most controversial ideas, professional and social, to himself. During this time he travelled all over the world, lecturing and receiving every imaginable honor from a score of countries — virtually everything possible except a Nobel Prize.

He died in a hospital bed, of gastric carcinoma, April 5, 1976, at the age of 85. His life is well worth reading, and it is told in this book with skill and affection.

Harry L. Arnold, Jr., M.D.



## CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

### LOCAL ACCREDITED PROGRAMS ONGOING

#### American Cancer Society, Hawaii Division

1. Telephone Task Force w/G.N. Wilcox Memorial Hospital, First Thursday, 12:45 p.m. and Fourth Tues. 12:30 p.m. w/Maui Mem. Hsp. Held on Oahu at Am. Cancer Society main conf. room, 200 N. Vineyard, Honolulu.

#### John A. Burns School of Medicine

1. Dept. of Medicine
  - A. Case Conferences, Second and Fourth Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - B. Grand Rounds, First and Third Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - C. Endocrinology Grand Rounds, Second Thursday, 5:30-6:30 p.m., Queen's University Tower, Room 506.
  - D. UH-Queen's Conference, Fridays, 8:00-9:00 a.m., Queen's Medical Center, Mabel Smythe Auditorium.
  - E. Cardiology Grand Rounds, First and Third Tuesdays, 5:30-6:30 p.m., Queen's University Tower, Room 508.
  - F. Infectious Disease Grand Rounds, Second and Fourth Tuesdays, 5:00-6:00 p.m., Queen's Nalani I Conference Room.
  - G. Dermatology Grand Rounds, Second Wednesday, 7:30-9:30 a.m., Queen's Medical Center, Queen Emma Clinic.
  - H. Pulmonary Grand Rounds, Fourth Wednesday, 4:30-5:30 p.m., Queen's Medical Center, Kamehameha Auditorium.
  - I. Nuclear Medicine Grand Rounds, Third Wednesday, 5:00-6:15 p.m., Straub Hospital, Doctors' Dining Room.
  - J. Medical-Surgical GI Grand Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Hospital, PB4 Classroom.
2. Dept. of Obstetrics and Gynecology
  - A. Grand Rounds, Wednesdays, 7:30-8:30 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
3. Division of Orthopedics
  - A. Fracture Conference, Mondays, 5:00-6:00 p.m., Queen's University Tower, Room 618.
  - B. Shriner's Hospital Conference, Tuesdays, 7:15-9:00 a.m., Shriner's Hospital.
4. Dept. of Pediatrics
  - A. Grand Rounds, Thursdays, 8:00-9:00 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.

- B. Pediatric Monday Noon Conference, Mondays, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - C. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., Kapiolani-Children's Medical Center, Conference Room B.
  - D. Perinatal Grand Rounds, Fridays, 8:15-9:15 p.m., Kapiolani-Children's Medical Center, Conference Room B.
5. Dept. of Psychiatry
    - A. Grand Rounds, Fridays, 8:00-9:30 a.m., Queen's University Tower, Room 618.
  6. Dept. of Surgery
    - A. Grand Rounds, First, Second, and Third Saturdays, 7:30-9:00 a.m., rotating hospitals.
    - B. Statistical M and M, last Saturday, 7:30-9:00 a.m., rotating hospitals.
    - C. Journal Club, First and Third Tuesdays, 6:00-8:00 p.m., Queen's University Tower, Room 620.
    - D. Medical-Surgical GI Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Medical Center, PB4 Classroom.
    - E. Pediatric Surgical Grand Rounds, First Friday, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  7. Dept. of Family Practice
    - A. Conference, Fourth Wednesday, 1:00-2:00 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium, Executive Dining Room.
  8. Dept. of Family Practice
    - A. Conf., Wednesdays, 8:00-9:00 a.m., Kaiser 4th Floor Conf. Room.
    - B. Conf., Thursdays, 12:00-1:00 p.m., Kaiser 4th Floor Conf. Room.
  9. Dept. of Physiology
    - A. Dept. Conf., Wednesday, 4:30-5:30 p.m., BioMed T-210.
  10. University of Hawaii, John A. Burns School of Medicine Grand Rounds, Third Thursday, 4:30-6:00 p.m., Queen's University Tower, Room 618 or BioMed Building.
  11. HI Oncology Group, one Monday a month, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala St., 4th Floor Conference Room.
  12. HI Oncology Group, Usually Third Monday bimonthly, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala Street, Fourth Floor Conference Room.

#### Federation of Emergency Medicine-Maui

1. Cardiology for the Emergency Physician. Every Monday, 9:00-10:00 a.m.-Maui Memorial Hsp. Conf. Rm #1. (For spec. topics or further info contact: Federation Office (808) 244-7629, or Dr. C.T. Mitchell, (808) 244-9056.
2. Journal Club in Emerg. Medicine. 2 hrs. Cat. 1. MMH Conf. Rm. #1. 9:00-11:00 a.m.

#### Hawaii Thoracic Society

1. Pulmonary Med., Clinical case presentations & current research in pul. med. with U of H Sinclair Chest Club, Third or Fourth Wednesdays, each month, 7:30 a.m.-9:30 p.m. For further info contact: Rosemary Respicio, B.S.N. at (808) 537-5966.

#### Hickam Clinic

1. Clinical Correlation Conference, First Thursday, 11:00 a.m.
2. Didactic—our staff, Second Thursday, 11:00 a.m.
3. Didactic Visiting Lecturer, Third Thursday, 11:00 a.m.
4. Radiology Conference, Fourth Thursday, 11:00 a.m. (Contact Aurora Macapinlac, M.D., M.C., 449-5770)

#### Hilo Hospital

1. Orthopedic Conference, First Tuesday, 12:30-1:30 p.m.
2. NCME (ETV), Thursdays, 12:30-1:30 p.m., Saturdays, 7:00-8:00 a.m. (repeat); not held on long (holiday) weekends.
3. Radiology Case Presentations, Second Wednesday, 12:30-1:30 p.m.
4. Clinical Pharmacology, Third Friday, 12:30-1:30 p.m.
5. C.P.C., Second Friday, 12:30-1:30 p.m.
6. Visiting Professor's Program

#### Kaiser Hospital

1. Medicine Grand Rounds, Every Tuesday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  2. Tumor Board, Every Tuesday, 12:00 noon. Pac. Aud. 1 hr. Cat. 1.
  3. OB/Ped. Perinatal Mortality Conference, Last Tuesday, each month. 8:00 a.m. 1 hr. Cat. 1.
  4. Surg. Grand Rounds, Every Friday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  5. Saturday Morning Educational Conference, Every Saturday, 7:30 a.m. Pac. Aud. 1 hr. Cat. 1.
- (Contact CME Dept.-Kaiser for further information)
6. OB-Path Conference, first Monday of each month, 8:00 a.m., 1 hr.

#### Kapiolani-Children's Medical Center

1. Pediatric Grand Rounds, Every Thursday, 8:00-9:00 a.m., Aud.
2. Pediatric Conference, Mondays, 12:45-1:45 p.m., 2nd Floor Aud.
3. Neonatal Grand Rounds, Friday, 8:00-9:00 a.m., Conference Room B.



- Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., 3rd Floor Conf. Rm.
- Ob-Gyn Conference, Tuesday, 1:00-2:00 p.m., Aud.  
First—Didactic Presentation  
Second—Perinatal-Neonatal Topics  
Third—Obstetrics Topics  
Fourth—Gyn Topics
- Tumor Board, Oncology Conference, First and Third Friday, 1:00-2:00 p.m., Aud.

#### Kuakini Medical Center

- Department of Ophthalmology Mtg., First Tuesday, 12:30-1:30 p.m.
- Department of Medicine Mtg. (Statistical), Fourth Tuesday, 1:00-2:00 p.m.
- G.I. Conference, First Tuesday, 8:00-9:00 a.m.
- Nephrology Conference, First Wednesday, 8:00-9:00 a.m.
- Oncology Conference, Every Thursday, 7:30-8:30 a.m.
- Pulmonary Conference, First Thursday, 1:00-2:00 p.m.
- Surgical Conference, First & Second Friday, 12:45-1:45 p.m.
- Surgical M&M Conference, Fourth Friday, 12:45-1:45 p.m.
- Department of Medicine Evening Mtg., Second Tuesday, 5:30-7:00 p.m.
- Visiting Professor Program (for further info contact CME Dept. 547-9226 as these programs may be subject to change.)

#### Maui Memorial Hospital

- Thursday Conference, 7:00-8:00 a.m., Staff Dining Room.  
First—Dept. of Medicine  
Second—Dept. of Surgery  
Third—Dept. of OB/GYN  
Fourth—Dept. of Pediatrics  
Fifth—Elective
- Tumor Board, Every Monday, 12:15-1:15 p.m.—Tumor Conference Telephone Task Force—Third Tuesday, 12:15-1:15 p.m.
- Dept. of Emergency Medicine, Third Monday, 7:00-8:00 a.m.
- Diagnostic Radiology, Fourth Tuesday, 12:00-1:00 p.m.

#### Hawaii Ophthalmological Society

- Monthly dinner meeting, Third Thursday of each month. Contact: Dr. A. Kunimoto, (808) 941-2208.

#### The Queen's Medical Center

- ENT Conferences, First and Second Fridays, 7:30 a.m., Small Dining Room.
- Medical Conferences, Every Friday, 8:00 a.m., Kam Auditorium.
- Ob/Gyn Conferences, Second and Fourth Mondays, 1:00 p.m., Kam Auditorium.
- Ophthalmology Conference, Fourth Tuesday, 5:00 p.m., Queen Emma Eye Clinic.
- Orthopedic Conferences, Every Wednesday, 7:00 a.m., Kam Auditorium.
- Pathology Conferences, Every Wednesday, 7:30 a.m., Surgical Conference Room.
- Pediatric Grand Rounds, Fourth Thursday, 12:30 p.m., Nalani I Conference Room.
- Surgical Trauma Conference, Second Tuesday, 4:30 p.m., Kam Auditorium.
- Basic Science Lectures, Every Wednesday, 7:15 a.m., Queen's University Tower, Room 618.

#### St. Francis Hospital

- SFH-UH Tumor Conference, Every Monday, 7:30 a.m., Sullivan-4 Classroom.
- SFH-UH Nephrology Conference, First Monday, 1:00 p.m., Sullivan-4 Classroom.
- SFH-UH Endocrine Conference, Last Monday, 12:30 p.m., Sullivan-4 Classroom.
- EENT Meeting, First Tuesday, 7:00 a.m., Sullivan-4 Classroom.
- SFH-UH Hematology Conference, Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
- SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
- Visiting Professor Programs (for further info call CME office at St. Francis).

#### Straub Clinic & Hospital

- Straub Professional Seminar meets the Second Tuesday of each month from 5:00-6:30 p.m. in the Credit Union Meeting Room (2nd Floor, Credit Union Bldg.)
- Surgical Mortality and Morbidity Conference meets every Fourth Thursday of each month, from 7:00-8:00 a.m. in the Doctors' Dining Room.
- Cardiac Surgery Conference meets the Third Tuesday of each month from 4:30-5:30 p.m. in the Doctors' Dining Room.
- Department of Anesthesiology meets the Second Tuesday of each month from 7:00-8:00 p.m. in the Doctors' Dining Room.
- Community Peripheral Vascular Conference meets the Fourth Thursday of each month from 5:00-6:30 p.m. in the Doctors' Dining Room.

- Visiting Professor Program meets monthly from 7:00-8:00 a.m. in the Doctors' Dining Room.
- Urology Inservice meets every other month on the Third Friday from 8:00-9:00 a.m. in the Doctors' Dining Room.
- Neuropathology Clinical Correlation Conference meets the Third Thursday of each month from 7:30-8:30 a.m. in the Straub Morgue.
- OB-GYN Pathology meets every Fourth Monday of each month from 12:30-1:30 p.m. in the Administration Conference Room (ACR).
- Urologic Pathology meets every First Monday of each month from 8:00-9:00 a.m. in the Doctors' Dining Room.
- Friday Noon Conference meets Every Friday of each month from 12:30-1:30 p.m. in the Doctors' Dining Room.

\*Note: All conferences are subject to change. Monthly calendar will be available upon request.

#### Wahiawa General Hospital

- Noon Seminars, Every Tuesday

#### Wilcox Hospital (Lihue)

- General Medical Staff Meeting, Quarterly in January, April, July & October.
- Clinical Review Meeting, Alternate Mondays at noon.
- Tumor Conference, First Thursday.

#### Miscellaneous

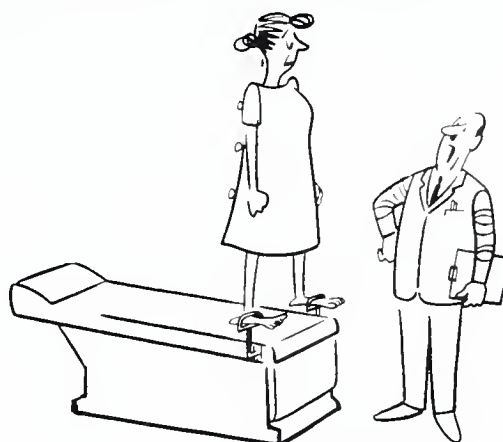
HMA Maternal and Perinatal Mortality Study Committee, First Monday each month - 5:30 p.m. 320 Ward Ave., S 200. Cat. 1 on hr. for hr. basis.

### SPECIAL EVENTS

June 19-26, 1982	Ophthalmology (S) USC Sch. of Med. Postgrad Div., KAM 320, 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Hawaii.
June 19-26, 1982	Fourth Ann. Med. Imaging in Hawaii, Am. Coll. of Med. Imaging, Box 27188, Los Angeles, Calif. 90027. At: Hyatt Regency Hotel, Maui, 24 hrs.
July 13-17, 1982	Endocrine Metabolic Course, USC Sch. of Med. Postgrad Div., 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 24 hrs.
July 17-24, 1982	Cardiovascular Med. & Surg. An Adv. Course, Stanford Univ. Sch. of Med., Stanford, Calif. 94305. At: Mauna Kea Beach Hotel, Kamuela 22 hrs.
July 24-31, 1982	Diagnostic Radiology: An In-Depth Sem Approach to Selected Topics in Diagnostic Imaging (S) Stanford Univ. Sch. of Med. Stanford, Calif. 94305. At: Kamuela.
Aug. 7-14, 1982	USC Sch. of Med. Postgrad Div., KAM 320, 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea.
Aug. 20-24, 1982	ACP Ann Internal Med. Update (B) Univ. of Hawaii. John A. Burns School of Medicine, 1960 East-West Road, Honolulu 96822. At: Maui. 25 hrs.
Oct. 11-14, 1982	Hawaii Medical Association 126th Annual Scientific Meeting. Theme: "Something for Everyone." At: Hilton Hawaiian Village. Fee: \$100. for non-members, 19 hrs. Contact: Irene Wong, 536-7702.

#### Out of State

For information on any out-of-state programs or courses, refer to August 4, 1981, Special Issue of JAMA or call the HMA Office.

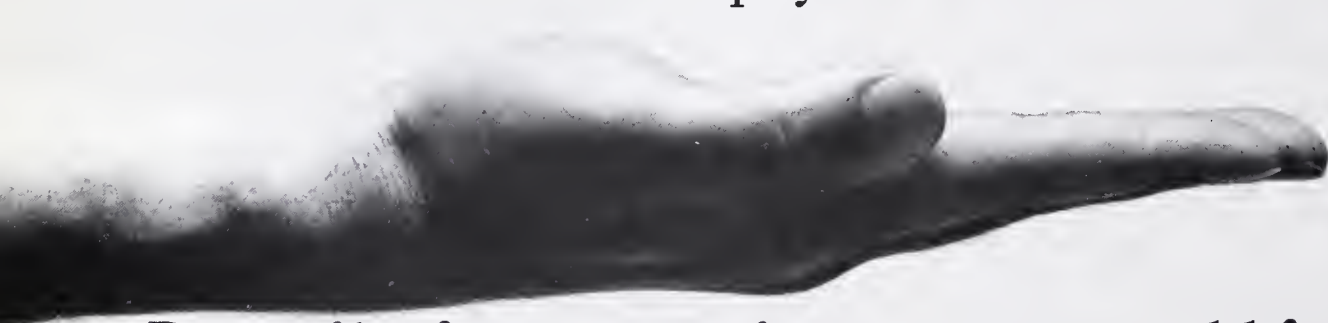


"First of all, relax."

# There's more to ZYLOPRIM<sup>®</sup> than (allopurinol).



- From Burroughs Wellcome Co. – the discoverer and developer of allopurinol
- Patient starter/conversion kits available for easy titration of initial dosage
- Patient compliance pamphlets available
- Continuing medical education materials available for physicians



**Prescribe for your patients as you would for yourself.**

*Write "D.A.W.," "No Sub," or "Medically Necessary,"  
as your state requires, to make sure  
your patient receives the original allopurinol.*



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709



# Surgical Treatment of Cyanotic Congenital Heart Disease

Ricardo J. Moreno-Cabral, M.D., Honolulu, and  
Norman E. Shumway, M.D.\*

• *Effective surgical intervention for cyanotic congenital heart disease was initially carried out in 1944 when Alfred Blalock performed a left subclavian pulmonary artery anastomosis in a girl with tetralogy of Fallot. Up to that point in history, all "blue babies" had been condemned to the multiple complications and short life expectancy associated with their cyanotic condition.*

Since Blalock's initial effort, the surgical care of the cyanotic patient has markedly improved. Procedures have been developed to increase or decrease pulmonary blood flow, re-direct anomalous venous flow, and to correct other malformations. A few complex congenital anomalies are still considered uncorrectable, including Eisenmenger's Syndrome. These constitute the current frontiers in surgery for congenital heart disease.

Table 1 shows historical landmarks in the development of cardiac surgery for cyanotic conditions.

The current patient population with cyanotic congenital heart disease is a mix of newborns with mild to severe malformations, older patients that have never been operated upon, and patients with a great variety of previous palliative procedures and functional results.

We present here our philosophy for the management of the cyanotic newborn with congenital heart disease, a discussion of the relative merits of palliative vs. corrective operations, and analysis of new developments and perspectives in the surgical treatment of individual complex anomalies.

## The Cyanotic Newborn

The urgency of diagnosis and therapy in the cyanotic newborn is primarily determined by the status of the pulmonary blood flow. Extra-cardiac etiology of cyanosis must be considered and excluded (acrocyanosis, sepsis, central nervous system damage, hypoglycemia, hemoglobin abnormalities, pulmonary disease, diaphragmatic hernia, tracheoesophageal fistula). Echocardiography is becoming an increasingly useful non-invasive tool in this context.<sup>1</sup>

Cyanosis of cardiac origin is always the result of mixing between venous and arterial blood or increased resistance to the

pulmonary blood flow. It becomes clinically detectable when the arterial oxygen saturation is 80% to 85%. Since cyanosis occurs as a result of increased amount of reduced hemoglobin (at least 5 gm.), its degree depends not only on the amount of right-to-left shunting and reduction in pulmonary flow, but also on the absolute level of circulating hemoglobin.

The cyanotic infant, then, will typically present with one of two anatomical and physiologic pictures: a) with a decreased pulmonary blood flow, secondary to right-sided obstructive lesions producing right-to-left shunting (Table 2); and b) with increased pulmonary blood flow, where cyanosis is due to intracardiac mixing in the absence of obstruction to the pulmonary flow. This last group of patients usually presents with cyanosis and congestive heart failure (Table 3).

Other rare cardiac conditions with decreased pulmonary flow, but which rarely constitute a diagnostic or therapeutic dilemma at birth, such as anomalous systemic venous return, Uhl's malformation (arrhythmogenic right ventricular dysplasia), and cardiac tumors, are listed in Table 4. Similarly, rare at birth is cyanosis due to atrial septal defect, ventricular septal defect, and aorto-pulmonary window, or patent ductus arteriosus associated with decreased pulmonary blood flow due to elevated pulmonary artery resistance.

The initial treatment for this group of

patients is to increase the pulmonary blood flow by palliative shunts or by primary correction.

The surgical approach for the second group (those with increased pulmonary blood flow), relies on complete correction when possible, or on decreasing the pulmonary blood flow by pulmonary artery banding and improving interatrial mixing by atrial septostomy or septectomy.<sup>2</sup>

## Palliative Procedures

### To Increase Pulmonary Blood Flow:

Currently utilized shunting procedures are shown in Table 5.

The medical approach to maintain a shunt open (PDA) by means of prostaglandin infusions has proven to be extremely valuable in premature and small cyanotic ductus-dependent infants, in order to allow growth for a more definitive surgical approach. We recently constructed a Blalock-Taussig shunt in a premature infant with severe tetralogy of Fallot, maintained on small dose intravenous prostaglandin E<sub>1</sub> for 4½ months; her birth weight was 970 grams and the shunt was constructed when the weight had increased to 3200 grams. Uneventful total correction was accomplished at 2 years of age.<sup>3</sup>

Of all the shunts that have been described (Table 5), we continue to favor the Blalock-Taussig. This type of shunt has been associated with the lowest incidence of complications, namely: stenosis, thrombosis, kinking of the pulmonary artery, and excessively large shunt resulting in pulmonary hypertension. We have used other shunts when the Blalock-Taussig has failed or is technically unfeasible. The Glenn Shunt has been abandoned due to multiple late complications, including thrombosis and formation of pulmonary arteriovenous fistulae.

Central palliative procedures, such as the use of 4mm. polytetrafluoroethylene

**Table 1. Historical Operations for Cyanotic Congenital Heart Disease**

1945	Blalock-Taussig Shunt
1948	Brock Pulmonary Valvotomy
1950	Blalock-Hanlon Atrial Septectomy
1951	Muller-Dammann PA Banding
1953	Lewis-Tauffic ASD Closure (Hypothermia)
1953	Gibbon — ASD Closure (Heart-lung machine)
1955	Lillehei — Repair of Fallot's Tetralogy, A-V Canal (Cross Circulation)
1963	Barnard Repair of Ebstein's Anomaly
1964	Mustard Operation for TGV
1966	Rashkind Atrial Septostomy
1967	McGoon Repair of Truncus Arteriosus
1969	Rastelli Homograft and Valve for TGV
1971	Fontan Operation for Tricuspid Atresia
1972	Sakakibara Repair of Single Ventricle
1975	Jatene Anatomic Correction of Transposition

### Legend:

PA -	Pulmonary artery.
ASD -	Atrial septal defect.
A-V -	Atrioventricular.
TGV -	Transposition of the great vessels.

\*Department of Cardiovascular Surgery  
Stanford University Medical Center  
Stanford, California

(Gore-Tex) and pericardial tube grafts interposed between the ascending aorta and pulmonary artery, represent another alternative.<sup>4</sup> Their use, however, has been limited to a small number of patients and further experience is needed to define their proper role.

Right ventricular outflow tract patch is a useful method of palliation for some patients with pulmonary atresia and intact ventricular septum. Some surgeons have applied outflow patches, leaving the ventricular septal defect open as a palliative procedure for severe forms of Fallot's tetralogy. Small ventricular septal defects have even been enlarged in order to increase the flow and hopefully allow the small pulmonary vessels to grow and

The Rashkind procedure is applicable at the time of diagnostic catheterization and usually gives good results up to 1 year of age. The Blalock-Hanlon closed trial septectomy, which was popular for two decades, is now rarely used. Open atrial septectomy is the most accurate way to do a complete excision of the atrial septum, but may not be well tolerated in critically ill infants.

#### *Procedures to Reduce Pulmonary Artery Flow:*

These procedures are used in patients with increased pulmonary flow and congestive failure, in an attempt to balance the systemic and pulmonary flow and to prevent the development of pulmonary vascular obstructive disease.

has brought a change in the traditional "2-stage approach" of initial palliation followed by total correction. Aside from the fact that a second operation is avoided when primary total correction is undertaken, there is a definite benefit to quality of life, growth and development when a right-to left shunt is eliminated early.

There are certain malformations producing cyanosis for which no palliation is satisfactory but primary correction is feasible at early age, e.g. single atrium, pulmonary stenosis and total anomalous pulmonary venous connection.

A second group includes anomalies that were frequently palliated in the past but are now corrected at early age with

**Table 2. Cyanotic Cardiac Anomalies at Birth with Decreased Pulmonary Flow and R - L Shunt**

Tricuspid Atresia and Pulmonary Stenosis or Pulmonary Atresia with or without Ventricular Septal Defect  
Ebstein's Anomaly and Atrial Septal Defect or Patent Foramen Ovale  
Pulmonic Stenosis, or Atresia  
— Intact Ventricular Septum and ASD or PFO  
— VSD  
— A-V Canal  
— Single Ventricle  
Tetralogy of Fallot  
Truncus Type IV  
Transposition VSD and PS

#### **Legend:**

PFO - Patent foramen ovale.  
VSD - Ventricular septal defect.  
PS - Pulmonic stenosis.

**Table 3. Cyanotic Cardiac Anomalies with Increased Pulmonary Flow**

Total Anomalous Pulmonary Venous Return  
Common Atrium  
Tricuspid Atresia and VSD without PS (Ic IIc)  
Very Large VSD  
Single Ventricle  
Transposition of Great Arteries  
Double Outlet RV and LV  
Truncus Arteriosus  
A-P Window  
Hypoplastic Left Heart Syndrome (Aortic or Mitral Atresia)  
Preductal Coarctation

#### **Legend:**

RV - Right ventricle.  
LV - Left ventricle.  
A-P - Aorto-pulmonary.

facilitate later correction. Although this may be of value for patients with diminutive pulmonary arteries, close follow-up is mandatory, since the left-to-right shunt is unrestricted and may produce early pulmonary vascular obstructive disease.

The palliative role of right ventricular pulmonary conduits and right atrium-pulmonary shunts will be discussed with the particular anomalies in which they are applied.

#### *Procedures to Improve Atrial Mixing:*

Better atrial mixing is desirable for patients with transposition of the great vessels, total anomalous venous connection, hypoplastic left heart syndrome (mitral and aortic atresia), and patients with pulmonary atresia and intact ventricular septum (Table 6).

**Table 4. Rare Cardiac Conditions with Decreased Pulmonary Flow**

Anomalous Systemic Venous Return  
Primary Infundibular Stenosis  
"Two Chambered" Right Ventricle  
Cardiac Tumors  
Uhl's Anomaly

(Table 7)

Pulmonary artery banding is currently reserved for patients with uncorrectable anomalies or in those who need further growth before the corrective procedures can be undertaken, i.e. truncus arteriosus, single ventricle, some cases of double outlet right ventricle, and transposition of the great vessels with ventricular septal defect. Another indication is the presence of multiple VSDs (Swiss Cheese VSD) in small infants with congestive heart failure. Application of pulmonary bands is difficult in patients with truncus arteriosus, and the mortality rates are high, over 50%. Direct creation of pulmonary ostial stenosis under cardiopulmonary bypass has been recently applied in two infants with one survivor (truncus type III). This direct palliative approach may deserve further exploration.

The mortality rates of pulmonary artery banding for congenital heart disease associated with high pulmonary flow are shown in Table 8.

#### *Palliation versus Primary Correction:*

Advances in open cardiac surgical techniques have markedly decreased the operative mortality rates in infants. This

lower mortality rates when the anatomy is favorable, e.g. tetralogy of Fallot, simple transposition, A-V canal, double outlet right ventricle. A third group includes malformations producing symptoms for which palliation is desirable, in order to allow growth of the cardiac chambers and great vessels, to make correction possible at a later date, e.g. truncus arteriosus, pulmonary atresia, single ventricle, tricuspid atresia, stenotic Ebstein, transposition with ventricular septal defect and pulmonary stenosis.

Finally, there is a group of complex malformations for which no corrective operation is currently available and for which some form of palliation may produce increased survival. Included are hypoplastic left heart syndrome, truncus type IV, hypoplastic right heart, and other complex ventricular, valvular and great vessel malformations, such as those associated with asplenia.

#### **Hypothermic Arrest**

Deep hypothermia and circulatory arrest became very popular in the early 1970s for the virtue of facilitating the operative procedure in a bloodless unobstructed field. The technique was applied



for the total correction of multiple anomalies in children under 2 years of age; the safe limits of brain ischemia were thought to be 40 to 60 minutes at 18-20° C. The concern about possible brain damage and a recent report from Australia showing a high incidence of intellectual and developmental abnormalities in children after VSD closure using such a technique have decreased the enthusiasm for its use. Many investigators now feel that the period of hypothermic arrest should be restricted to 30 minutes and be limited to children less than 8 to 10 kg. of body weight.

We believe that most correctable malformations in infancy can be repaired under standard cardiopulmonary bypass, and we continue to use the method of low flow, low pressure and moderate hypothermia exclusively. Advances in cardiopulmonary bypass technology and post-operative care have further contributed to lower complication rates and have affirmed our preference for this method.

**Surgical Approach to Individual Cyanotic Cardiac Anomalies**

*Pulmonic Valve Stenosis and ASD:*

Definitive operation is advised at the time the diagnosis is made. Stenosis is invariably severe if it produces right-to-left shunt at the atrial level. Open correction is done under cardiopulmonary bypass. Patch angioplasty using pericardium is employed if there is significant stenosis of the main pulmonary artery or its branches.

*Tetralogy of Fallot:*

Total correction at any age is currently our choice for most symptomatic patients. Operation is done electively after age 2 years for those who are asymptomatic. Palliative shunts are reserved for infants with severe hypoplastic or atretic pulmonary artery and for some patients with anomalous origin of the left anterior descending from the right coronary artery. We prefer the Blalock-Taussig shunt on the side opposite to the descent of the aortic arch.

Total correction includes enlargement of the right ventricular outflow tract, relief of pulmonic stenosis if needed, and patch closure of the ventricular septal defect. In cases of pulmonary atresia, we continue to use a Dacron tube containing a xenograft valve (Hancock). Pre-existing shunts and large bronchial collaterals are closed at the time of definitive repair. Stenosis or obstruction of pulmonary artery branches are repaired with pericardial patches or conduits.<sup>5</sup>

The overall operative mortality in the first 218 patients undergoing primary total correction at Stanford between 1960 and 1975 was 3.67%. The mortality rate for Blalock-Taussig shunt followed by total correction was 5.66%.

*Pulmonary Atresia with Inact Ventricular Septum:*

The Blalock-Taussig shunt in combination with balloon septostomy is our pro-

**Table 5. Palliative Procedures (to increase pulmonary flow)**

Peripheral —
Subclavian artery - pulmonary artery (Blalock-Taussig)
Ascending aorta - right pulmonary artery (Waterston)
Descending aorta - left pulmonary artery (Potts)
Superior vena cava - right pulmonary artery (Glenn)
Intrapericardial Blalock (Soloviev)
Internal mammary artery - pulmonary artery branch
Central —
Main aorta-pulmonary artery grafts (Gore-Tex, pericardium)
Outflow tract patch
Outflow tract conduit
Right atrium pulmonary artery shunt

cedure of choice, especially if the right ventricle is hypoplastic. Central shunts or pulmonary valvotomy may produce symmetrical growth of both pulmonary arteries and perhaps facilitate later repair with use of a valved conduit.

*Tricuspid Atresia:*

Palliative procedures are indicated in patients less than 4 years old. These pro-

sist of patent foramen ovale or atrial septal defect closure alone, or a combination of tricuspid annuloplasty and tricuspid valve replacement, with or without plication of the atrialized portion of the right ventricle. Tricuspid valve commissurotomy is a significant palliative method in the stenotic form in infancy.

The availability of biological valves is an advantage in the tricuspid position, since mechanical valves have shown a high incidence of thromboembolic complications.

*Simple Transposition of the Great Vessels:*

Our current approach is to use balloon septostomy at the time of catheterization, followed by the Mustard operation as soon as the infant begins to lose benefit from the created atrial septal defect. If septostomy fails to provide adequate mixing, a second septostomy is attempted.

Although not too long ago the ideal age for the Mustard procedure was about 2 years, more recently this operation has been carried out in patients under 1 years of age with consistently low mortality. Ideally, the patient should be over 2 months old rather than a few days or weeks. The presence of a patent ductus arteriosus may incline the balance towards an earlier correction.

There has been a recent wave of enthusiasm about the use of the Senning operation for this condition.<sup>6</sup> We continue to favor the Mustard procedure for its simplicity and low mortality and complication rates in our hands.<sup>7</sup> Many variations in surgical technique for the construction of the baffle have been described in an attempt to prevent complications, such as superior vena caval obstruction, pulmonary vein obstruction, or inadequate size of the new atria, complete heart block, etc. We use a method that includes constructing a baffle on the smaller rather than larger size to avoid pulmonary venous obstruction, and leaving the coronary sinus on the systemic "wrong side," to avoid the possibility of complete heart block. The incidence of postoperative arrhythmias in our experience appears to have decreased since we adopted cannulation in the innominate vein, consequently decreasing the amount of trauma to the right atrium.

The so-called "anatomical corrective procedures" popularized by Jatene<sup>8</sup> and

**Table 6. Palliative Procedures to Improve Atrial Mixing**

Balloon Atrial Septostomy (Rashkind)
Closed Atrial Septectomy (Blalock-Hanlon)
Open Atrial Septectomy

**Table 7. Palliative Procedures to Reduce Pulmonary Blood Flow**

Pulmonary Artery Banding (Muller-Dammann)
Creation of Pulmonary Ostial Stenosis (Mistrot)

cedures are designed to decrease pulmonary blood flow if excessive, to increase it if diminished, or to eliminate interatrial obstruction if present. Physiologic correction by the Fontan operation is indicated for symptomatic patients over 4 years of age, in sinus rhythm, with normal vena caval drainage and adequate size pulmonary artery, normal pulmonary artery vascular resistance (<4 units/m<sup>2</sup>) and mean pulmonary artery pressure <15 mm. Hg. Contemporary operative mortality in Fontan's series is 6.45%.

The original Fontan operation has been modified by other authors but the principal remains the same: the elimination of intracardiac mixing and the restoration of pulmonary circulation from the right heart.

*Ebstein's Malformation:*

Operation for this interesting anomaly is indicated in cyanotic patients who are in functional class II or III. There is some reluctance across the nation to operate on this malformation, due to initial discouraging experiences.

Our corrective approach depends on the findings at operation. Ebstein's malformation presents with extremely variable anatomy, from mild to severe forms. The operative procedure may con-



Jacob, in which the great vessels are "switched" and the coronary ostia reimplanted into the systemic vessel, are still considered in a developmental stage. The mortality rates remain very high and the applicability of this technique is limited to the few cases that have ideal coronary anatomy suitable for translocation without the risk of kinking and obstruction. This operation has been successfully applied in patients with transposition of the great vessels, with and without ventricular septal defect.<sup>9</sup>

The presence of a large ventricular septal defect of patent ductus arteriosus significantly worsens the prognosis for patients with transposition of the great vessels. They tend to develop congestive heart failure and pulmonary vascular disease earlier. In a series of 93 patients with transposition and a large ventricular septal defect, 75% over the age of 1 year had pulmonary vascular obstructive changes greater than grade II (Heath-Edwards classification) and all infants with grade 3-4 changes under 1 year of age had a large patent ductus arteriosus. These patients should, therefore, be operated on between 3 and 6 months of age. In the unusual patient with transposition and a large ventricular septal defect, and failed balloon septostomy at a few days of age, there is really no alternative better than primary repair. The presence of coarctation in these patients worsens the prognosis. Most of these patients develop failure under 1 month of age and complete correction is therefore indicated.

The Rastelli procedure is applicable for certain patients with transposition and ventricular septal defect, with or without pulmonary stenosis. This is preferable to intraventricular correction, since the heart in transposition is often not enlarged and placement of the intraventricular baffle may produce obstruction to the left ventricular outflow.<sup>7</sup>

In the Rastelli procedure, the ventricular septal defect is not closed but is used to connect the left ventricle to the aorta by a large patch. The pulmonary artery is divided and ligated proximally. A valved conduit is interposed between the right ventricle and the distal pulmonary artery. *Double Outlet Right Ventricle, Double Outlet Left Ventricle:*

Several techniques have been developed to interrupt the shunt at the ventricular level and re-route the blood in physiologic direction. The repair depends on the location of the ventricular septal defect and its relation to the great vessels.

In the Taussig-Bing anomaly (double outlet right ventricle with subpulmonic ventricular septal defect), the Teflon patch is placed in such a way as to interrupt the interventricular shunt and to connect the overriding pulmonary artery to the left ventricle, leaving the aorta rising from the right ventricle, transforming this into a complete transposition. A Mustard procedure then completes physiologic repair. Repair of the most com-

**Table 8. Pulmonary Artery Banding**

Defect	No. of Reports	No. of Patients	Hospital Mortality
DORV + VSD	5	22	6 (27%)
Single Ventricle	10	73	21 (28%)
TGA + VSD	18	225	71 (32%)
Truncus + VSD	20	99	52 (53%)

**Legend:**

DORV - Double outlet right ventricle  
VSD - Ventricular septal defect  
TGA - Transportation of the great arteries

mon type of double outlet right ventricle (when the aorta is to the right of the pulmonary artery and the ventricular septal defect is in a subaortic, posterior position) consists of placing a patch to direct the blood flow to the ventricular septal defect on the floor and rightward aspect of the right ventricular tract sutured at the base of the aorta to divert the flow from the left ventricle through the ventricular septal defect.

When the aorta is situated more anteriorly and the ventricular septal defect is located posteriorly in a subpulmonic position, the tunnel must be placed along the roof and left wall of the outflow tract to effectively divert the blood flow through the ventricular septal defect to the aorta. The easiest type of defect to repair but unfortunately the rarest type of double outlet right ventricle, is that with the aorta situated to the left of the pulmonary artery and the ventricular defect in a subaortic, anterior position. Here, the ventricular septal defect is simply closed, so as to direct the left ventricular blood behind it to the aorta.

Associated pulmonary stenosis is relieved by standard methods, including outflow tract patch, when the pulmonary outflow tract is to the left and the left coronary branches pass posteriorly to it, or by insertion of an extracardiac conduit from the right ventricle to the pulmonary artery, when patch reconstruction is not feasible (outflow tract overlain by major coronary arteries).

*Truncus Arteriosus:*

Although pulmonary artery banding leaves much to be desired and somewhat complicates subsequent correction, it is still an acceptable way of managing this difficult problem. Complete correction has been accomplished in infancy and, with further refinements of small-sized conduits, may become the procedure of choice. Correction of types II and III truncus arteriosus have been performed at Stanford with the method that includes closure of the VSD in a manner which directs the left ventricular outflow through the truncus, anastomosis of the valved-conduit through the right ventriculotomy, and removal of a circumferential band of the truncus tissue, which is anastomosed to the distal end of the conduit, with restoration of the aortic continuity with a Dacron graft. In a 10 kg.

child, a 16 mm. conduit was satisfactorily placed. The current criterion for management of these patients with truncus type II and III is close observation at frequent intervals, to detect increasing cyanosis or diminishing pulmonary blood flow on chest x-rays, or decreasing peripheral arterial oxygen saturation. When any of these parameters suggest increasing pulmonary vascular resistance, repeat catheterization is indicated; pulmonary-to-systemic resistance ratio of .25 to .50 indicates a need for prompt surgical intervention. This may minimize the necessity for patients to have more than one operation.<sup>10</sup>

*Single Ventricle:*

Ventricular septation in the condition of single ventricle, with two atrioventricular valves, has been accomplished with a moderate degree of success. Since the septum will not grow, operation is advised after the age of 5 years. More recently, a modified Fontan operation, incorporating patch closure of the right atrioventricular valve and right atrium pulmonary artery diversion, has been used, with lower mortality rates as compared to the septation procedure. The long-term effect of this operation, however, remains to be determined.<sup>11</sup>

*Total Anomalous Pulmonary Venous Connections:*

Only about 10% of infants with this malformation do well, with unobstructed flow from the anomalous veins and compliant pulmonary vascular bed accepting the large flow without pulmonary hypertension developing. The remaining 90% are true surgical emergencies in the newborn. Operative correction in those that are not acidotic is relatively straightforward. A balloon septostomy is vital for survival in those with probe-patent foramen ovale. Definitive operation is indicated if pulmonary hypertension persists, or if there is known obstruction of the pulmonary veins or persistent congestive failure.

*Hypoplastic Left Heart Syndrome:*

This is one of the cyanotic congenital anomalies with the worst prognosis. Only if the ascending aorta can supply adequate coronary and cerebral flow may some type of palliation be possible.

Some infants have survived by creation of an atrial septal defect, to relieve some of the obstruction to the pulmonary



venous flow, and by pulmonary artery banding, to produce a better balance with the systemic flow. Children with mitral atresia and a single ventricle giving rise to both great arteries have been successfully palliated with this approach for several years. Apico-aortic bypass has been applied in older children, who have severe forms of congenital aortic stenosis.

There is no current surgical treatment for patients with decreased pulmonary flow secondary to pulmonary hypertension and elevated resistance at systemic levels (Eisenmenger's syndrome). Phlebotomy and erythropoiesis to prolong life will eventually give way to transplantation of the heart and lungs, it may be hoped.

#### REFERENCES

1. Engle ME: Cyanotic congenital heart disease. *Am J Cardiol* 37:283-308, 1976.
2. Turley K, Tucker WY and Ebert PA: The changing role of palliative procedures in the treatment of infants with congenital heart disease. *J Thorac Cardiovasc Surg* 79: 194-201, 1980.
3. Pitlick P, Maze A, Kimble KJ, Ariagno RL and Reitz BA: Successful long-term low dose prostaglandin E<sub>1</sub> administration in a premature infant. *J Pediatrics* 96:318-320, 1980.
4. Jennings RB, Innes BJ and Brickman RD: Use of microporous expanded polytetrafluoroethylene grafts for aorto-pulmonary shunts in infants with complex cyanotic heart disease. *J Thorac Cardiovasc Surg* 76:489-494, 1978.
5. Moreno-Cabral RJ, Maze A and Shumway NE: Tetralogy of Fallot; in Cohn L (Ed.), *Modern Techniques in Surgery*, Futura Publishing Co., NY, 1979.
6. Coto EO, Norwood WI, Lang P and Castaneda A: Modified Senning operation for treatment of the transposition of the great arteries. *J Thorac Cardiovasc Surg* 78:721-729, 1979.
7. Shumway NE, Griep RB and Stinson EB: Surgical management of transposition of the great arteries. *AM J Surg* 130:233-236, 1975.
8. Jatene AD, Fontes VF, Paulista PP, et al: Anatomic correction of transposition of the great vessels. *J Thorac Cardiovasc Surg* 72:364, 1976.
9. Mamiya RT, Moreno-Cabral RJ, Nakamura FF, Sprague AY: Retransposition of the great vessels for transportation with ventricular septal defect and pulmonary hypertension. *J Thorac Cardiovasc Surg* 73:340, 1977.
10. Griep RB, Stinson EB and Shumway NE: Surgical correction of types II and III truncus arteriosus. *J Thorac Cardiovasc Surg* 73:345-352, 1977.
11. Moreno-Cabral, RJ, Miller DC, Oyer PE, Stinson EB, Reitz BA and Shumway NE: A surgical approach for (S,L,L) single ventricle incorporating total right atrium-pulmonary artery diversion. *J Thorac Cardiovasc Surg* 79:202-210, 1980.

## HMA Auxiliary

The auxiliary usually does not hold regular meetings during the summer, although committees do function throughout the year.

News items and short articles for publication should be submitted by the eighth of each month in order to meet the JOURNAL deadline. During the months of June, July and August please mail them directly to:

Dorothy Shepard  
1649 Kanalui St.  
Honolulu, Hawaii 96816

# INFLATION FIGHTER

Compare . . . we offer more for your premium dollar.

#### Annual Renewable Term Rates\* to age 100

AGE	\$100,000	\$250,000	\$500,000	\$1,000,000
30	120.00	240.00	440.00	840.00
35	120.00	240.00	440.00	840.00
40	135.00	278.00	515.00	990.00
45	165.00	353.00	665.00	1,290.00
50	215.00	478.00	915.00	1,790.00
65	870.00	2,115.00	4,190.00	8,340.00

\* Policy Fee Included, Based on non-smoking applicant (Smokers slightly higher)

There is a 6 year age set-back for females.

- A and A+ Best rated companies
- Group plans for 1 or more
- Computerized illustrations available

Full information is available through the qualified life insurance underwriter of your choice — He knows our reputation . . . or call

**South Pacific Insurance Agency**  
524-0000

Dietmar G. Poelzing, General Agent  
1136 Union Mall, Suite 601, Honolulu, HI 96813

**EXCELLENT UNDERWRITING • UNBEATABLE RATES**

## Reduce Your \$tress

**Bishop Computer Center's new medical accounts receivable system takes good care of you and your patients' accounts.**

**CONVENIENT • PRACTICAL • COMPLETE • EFFICIENT**

#### Special Features Include:

- No in-office special equipment.
- Can use your present forms.
- Gives you accurate bookkeeping balances.
- Gets your bills paid more promptly.

**In addition, we handle all conversion details from any present system.**

Talk to Marlene Wong at 523-2171.



**Bishop Computer Center**

Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813

Announcing...



THE  
HAWAII MEDICAL  
ASSOCIATION

**126TH  
ANNUAL  
SCIENTIFIC  
MEETING  
IN  
CONJUNCTION  
WITH THE  
WORLD  
MEDICAL  
ASSOCIATION  
COUNCIL  
MEETING**

**October 11-14, 1982  
Hilton Hawaiian Village  
Tapa Ballroom**

The  
Scientific Program Committee  
Presents

**"Something  
For  
Everyone"**

Plenary Sessions beginning at 7:30 a.m. to 12 noon will provide an opportunity for audience participation at each of the 4 sessions held daily. No registration or course fee for HMA members.

As an organization accredited for continuing medical education, the Hawaii Medical Association verifies that the continuing medical education activities designated Category I meet the criteria for Category I on an hour-for-hour basis (up to 19 hours) for the Physician's Recognition Award of the American Medical Association.



**Over the  
Editor's  
Desk**

HARRY L. ARNOLD, JR., M.D.

"The Primary Physician and Cancer" is the title of a national conference to be sponsored by the American Cancer Society and the American Academy of Family Physicians in San Diego, June 24-26, 1982. It's free, but advance registration is requested. The AMA will credit you with 17.5 hours in Category I for attending it. It's Category 2-D for the AOA, and "Prescribed Hours" for the AAFP. Write to Nicholas G. Bottligieri, M.D., 777 Third Avenue, New York, N.Y. 10017.

\*\*\*

*Pediatricians take note: a new brochure, "Infant Feeding and Nutrition," is available free from the Infant Formula Council, P.O. Box (is there any other kind?) 76731, Atlanta, Ga. 30358. It comes in Spanish too, but there is no edition in pidgin.*

\*\*\*

You can have a free copy of the "Ninth Report of the National Heart, Lung, and Blood Advisory Council" by writing to the Publications Section, Office of Information, National Heart, Lung, and Blood Institute, Bethesda, Md. 20205. It details recent advances in the fields of coronary artery surgery, COPD, emphysema, bronchitis, hemophilia, clotting, and such.

\*\*\*

*The Seventh Annual San Diego Postgraduate Diagnostic Radiology Course will be presented October 25-28 in — where else? — San Diego. The faculty is impressive. Contact Mary J. Ryals, 10855 Sorrento Valley Road, Suite 101, San Diego, Calif. 92121. It's worth 25 hours in Category I.*

\*\*\*

Rubazyme, Abbott's new enzyme immunoassay for rubella antibody, is as good as hemagglutination tests and much easier to perform, according to studies just reported by the North Carolina State Laboratory of Public Health. It tests for IgG rubella antibody, and the CDC has approved it. Rubazyme-M, just introduced, measures IgM antibody and is recommended for confirming primary rubella in exposed pregnant women and for screening neonates.

\*\*\*

*Baffled by waveforms on video instruments? Call the local Hewlett-Packard*

*outlet or sales office, 526-1555, and ask about their new "sync" primer; it will explain PAL, NSTC, and SECAM systems and other esoterica.*

\*\*\*

You should soon be able to buy ThermoScan, a thermographic breast examination system using Mylar foil applied to the breasts for a few seconds, from BCD (500 Fifth Avenue, 2800, New York, N.Y. 10110. Bright blue means local warmth.

\*\*\*

*The Navy says women doctors are working out very well as ship's doctors, and they have 14 of them busy proving it, including Lt. Margaret Shannon, MC, USN, aboard the USS Acadia. None on combatant ships yet, however.*

\*\*\*

Trolamine salicylate, the ingredient in several ointments advertised for relief of muscular or rheumatic pain, is not better than a placebo (JAMA, March 5, 1982).

\*\*\*

*Debrisan wound cleaning beads, hydrophilic spheres used to soak up exudate from chronic ulcers or open wounds, especially stasis and decubitus ulcers, are now marketed by Johnson & Johnson. Their track record is impressive.*

\*\*\*

MMM, Box 33600, Dept. ME81-66, St. Paul, Minn. 55133, announces an ethylene oxide monitor worn on the uniform collar as a badge; it must be sent in for analysis and the report is sent back within 5 days (by the U.S. Post Office Department).

\*\*\*

*A seminar on breast feeding is slated for July 14-16, 1982, at the Riviera Hotel in Las Vegas, Nev., where expertise in publicizing the breast is very high. The LaLeche League International sponsors the seminar, which boasts a faculty of 17 and offers 14 hours of CME credits.*

\*\*\*

Toxic shock syndrome from wound infections has been reported in 13 instances by Paul Bartlett, DVM, MPH, in the March 12 JAMA. The CDC believes that it may indeed be a new disease.

\*\*\*

*Organon Diagnostics announces a new 50-minute nonisotopic measuring system for digoxin assay, OREIA II DIG, in kits of 50 and 100 determinations. It needs only pipettes and a spectrophotometer, and is a reliable method. West Orange, N.J. 07052 is the address.*

\*\*\*

Control-O-Fax Office Systems, Box 778, Waterloo, Iowa 50704, will send you a free sample kit called their Practice

HAWAII MEDICAL JOURNAL



# Before your patient forgets what you did for him, help us pay the claim.

We know you'll feel a lot better when your bills get paid promptly. You can get fast service from HMSA if you submit your claims promptly. It will not only keep your accounts current, the cash flow situation in your office will be a lot healthier.

Anytime you have a problem or suggestion, please let our Professional Relations Department know. We're here to help you.

HMSA—the efficient way, for you and your patients.



## **HMSA** **Professional** **Relations** **Department**

Oahu: 944-2259

Maui: 244-7425

Kauai: 245-3393

Hawaii: 935-5441 (Hilo)

329-3030 (Kailua-Kona)

# An added complication... in the treatment of bacterial bronchitis\*



## Brief Summary

Consult the package literature for prescribing information.

**Indications and Usage:** Cefclor® (cefclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

**Lower respiratory infections**, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefclor.

**Contraindication:** Cefclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Precautions:** If an allergic reaction to cefclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics in hematologic studies or in transfusion cross-matching procedures when antioglobulin tests are performed on the minor side or in Coomb testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

**Usage in Pregnancy:** Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in fetuses given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

**Usage in Lactation:** Safety of this product for use in infants less than one month of age has not been established.

**Adverse Reactions:** Adverse effects considered related to cefclor therapy are uncommon and are listed below.

**Gastrointestinal symptoms** occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Cefclor.

Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Cefclor.<sup>1-6</sup>

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cefclor.<sup>7</sup>

# Cefclor®

## cefclor

Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthritis and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefclor® (cefclor). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain:** Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic:** Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic:** Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal:** Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[100261A]

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

**Note:** Cefclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

## References

1. Antimicrob. Agents Chemother., 8:91, 1975.
2. Antimicrob. Agents Chemother., 11:470, 1977.
3. Antimicrob. Agents Chemother., 13:584, 1978.
4. Antimicrob. Agents Chemother., 12:490, 1977.
5. Current Chemotherapy edited by W. Sengenhaler and R. Luthy, II, 880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett, p. 487. New York: John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc., Carolina, Puerto Rico 00630.

200066



Builder Package, a new accounts receivable system.

\* \* \*

MMM announces their new 6017 Ioban Antimicrobial Patient Isolation Draping System for providing a bacteria-proof vertical barrier between sterile and nonsterile areas during major surgery. Write MMM, SU82-12, Box 33600, St. Paul, Minn. 55133.

\* \* \*

MMM also offers a new transparent dressing, 3M Tegaderm, to permit viewing a lesion through a semipermeable film that allows evaporation but keeps out bacteria and water. It's recommended for minor abrasions, superficial pressure sores, and skin graft donor sites. It comes in 4 sizes ranging from 5x7 cm to 20x30 cm. Write to the same address as above.

\* \* \*

Johnson & Johnson, not to be outdone, offers the same identical thing under a different name: Bioclusive. Write to the company's Patient Care Division at New Brunswick, N.J. 08903 (Department JH-526PC).

\* \* \*

Ultrapore Surgical Tape is offered by MMM for securing various surgical tubes to the skin in various places, and for dressings in hard-to-dress areas like the thigh and foot. It comes in 10-yard rolls, in 1/2, 1, 2, and 3-inch widths. Standard packs (No. 1532) and dispenser packs (No. 1557) are available.

\* \* \*

Want to have fun learning, and pick up 24 Category 1 CME credits? Write to International Conferences, Suite C, 189 Lodge Ave., Huntington Station, N.Y. 11746, and ask about the Caribbean Conference aboard the TSS Fairwind, July 28-August 7, or the Mediterranean Conference on the MTS Danae, August 21-September 4. They meet the IRS tax deductibility requirements.

\* \* \*

Did you know "Signetur" was the present passive subjunctive, third person singular, of *signere*, "to label"? It means "Let it be labeled."

\* \* \*

A new intestinal tube, the Nelson-modified Twin-Cuff Baker Intestinal Tube, for surgical decompression of bowel prior to operation for intestinal obstruction, has just been announced by International Hospital Products; write to George H. Olsen Jr. of that firm, at 82 Birch Ave., Little Silver, N.J. 07729.

\* \* \*

Mul-T-Blanket, a new soft-fabric-surfaced hyper/hypothermia blanket, is announced by Gaymar Industries, One Bank St., Orchard Park, N.Y. 14127. It is cleanable, 25 x 67 inches, and disposable.

# TAX PLANNING Through PROFITABLE INVESTMENTS

## THREE-DAY SEMINAR

at the

Sheraton Royal Waikoloa Hotel

**July 29, 30 and 31st, 1982**

### — SPEAKERS INCLUDE —

- Joseph V. Miccio, Ph.D., Professor U.H., CPA, Author, Economist
- Harvey A. Hartenstein, Realtor, NASD Securities Broker, Business Consultant
- Harold Sasaki, CPA, Managing Partner of Sasaki & Vyas, HSCPA Continuing Education Chairman
- M. Russell Goode, Jr., Realtor, MBA Finance, Investment Counselor

### — PROGRAM INCLUDES —

#### Thursday

8:30-11:00 a.m. - Elements of Investing, Investment Climate '82/'83, Impact of 'Reaganomics'

#### Friday

8:30-11:00 a.m. - Tax Shelters, Limited Partnerships, Group Investments, Retirement/Profit & Pension Plans.

#### Saturday

8:30-11:00 a.m. - Focus on Specific Tax-Saving Techniques

Afternoons available for individual consultations with speakers OR . . . Relax and Enjoy! Golf & Tennis Tournaments, Snorkling or Scuba Diving, Fishing, Horseback Riding, Tours, Shopping etc.

## THIS SEMINAR COULD SAVE YOU THOUSANDS IN TAXES THIS YEAR!

**CPAs will receive 8 hours continuing education credit.**

*Note: This seminar qualifies as a tax deductible educational expense.*

**THREE-DAY SEMINAR including individual consultation — \$295 per person.**

**My check for \$ \_\_\_\_\_ enclosed. Deadline for registration is June 25, 1982.**

**Special Hotel Rate Available — \$99 per person, double occupancy (includes 4 days, 3 nights & 4 rounds of golf)**

Please make my hotel reservation at special rate \_\_\_\_\_

I'll be making my own hotel & travel arrangements \_\_\_\_\_

**To register for Seminar send check payable to:**

**Hawaii Professional Seminars, 615 Piikoi St., Suite 1905  
Honolulu, Hawaii 96814 Phone: 536-2213**

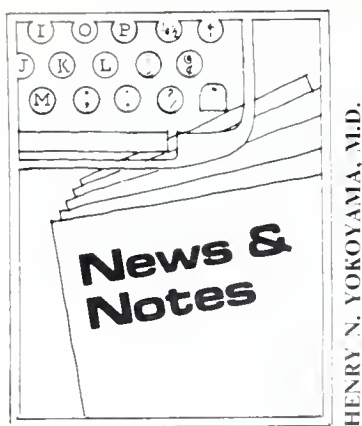
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_





## Professional Moves

The Year of the Dog is with us . . . And our Notes & News column is certainly going to the dogs because the material will be at least 3 months old when it finally appears in the JOURNAL . . . The May issue had material we wrote back in January . . . We can only keep plugging along and hope for the best.

In February, psychiatrist **John P. Clarkin** relocated from the Honolulu Medical Group to Century Square, Suite 3001, at 118 Bishop St. . . . **John Aoki**, former chairman, Department of Family Practice, Tripler AMC, opened his office in family practice and sports medicine at Kailua Professional Center II, 40 Aulike St., Suite 211 . . . Urologist **Eugene Tanabe** opened his office at the Aiea Medical Building, 99-128 Aiea Heights Drive . . . **Irving Oyle**, associate clinical professor of international health at the School of Public Health, announced that he was available as a consultant physician, with his practice limited to second opinions and psychosomatic medicine at the Transformational Learning Center . . .

On Maui, OB-Gyn man **John Miewald** opened his office with Kihei Physicians in the Kihei Professional Plaza and FP **Jeffrey Bittner** did likewise. **H.A. Aquiluzan** announced the relocation of his office to Maui Clinic, 53 Puunene Ave., Kahului.

## Life in These Parts I . . .

Neurologist **Mike Okihiro** is located at 321 North Kuakini St., Suite 810. He recently received a letter from renowned neurosurgeon Y. Hosobuchi of the University of California, addressed to: "Dr. Michael Obihiros, M.D.; 321 North Couacaney Street, Suite 81 C; Honolulu, Hawaii 96817 . . ." (Our kudos to a most resourceful postman . . .)

Psychiatrist **Joe Vignes** at the State Hospital is testing a rather controversial theory that nutritional and metabolic imbalances underlie mental and emotional derangements. Orthomolecular psychiatrist **Michael Lesser** wrote "Nutritional and Vitamin Therapy" (Bantam books), in which he maintains that by reversing these imbalances and improving nutrition some psychotic patients can be restored to sanity. The 1979 state legislature appropriated \$60,000 for the project . . .

Lesser says, "It has been said that neurotics build castles in the air; psychotics live in them; and psychiatrists collect the rent . . . Orthomolecular psychiatry is orthodox and brings metabolism and nutrition into the picture . . . We need to get back to the medical model of psychiatry . . . The nutrition-vitamin therapy offers no side effects and fulfills the first dictum of the Hippocratic Oath — First do no harm . . . I know of no example in history of anyone ever dying of an overdose of vitamins . . . who can say as much for any other drug or preparation . . ." (Ed. Right back to basics . . . \$60,000 would be a drop in the bucket if the theory works . . .)

**Patrick Norman**, staff psychiatrist at Hawaii State Hospital, his boogie board, and visiting physician friend **Timothy Brewerton** saved a Marty DeNova and his girlfriend, Victoria Van Eaton, from drowning at Yokohama Bay one Saturday afternoon in February . . . And nearly drowned themselves . . .

## Life In These Parts II . . .

KMC pathologist **Grant Stemmerman** concludes from the Hawaii Heart Study that high cholesterol is related to heart disease, but that low cholesterol may be related to colon cancer . . . Stemmy feels that the man on the street is better off to be right in the middle — not too low and not too high . . . "It's obvious that those researchers who have asserted 'the lower the better' are wrong." **Abe Nomura**, also with the Hawaii Heart Study, is not as assertive. Abe says, "Some investigators have proposed that low cholesterol may be due to undetected cancer already present. Many people have low cholesterol, but the majority won't get colon cancer — there were only 20 per 1,000 in the study."

The KMC research has revealed that intestinal metaplasia is a precursor of gastric cancer. Intestinal metaplasia is felt to be caused by nitrosamines found in the gastric tissue. This may be evidence that the stomach converts nitrates and nitrites found in cured meats into nitrosamines . . . Serum studies also showed that men with intestinal-type gastric cancer also had low levels of pepsinogen I in their serum. Grant Stemmerman says, "We found that 98% of persons with low pepsinogen turn up with intestinal metaplasia . . . People with low pepsinogen probably should be examined every 3 to 5 years for stomach cancer."

**Laurence Kolonel**, principal investigator for the Cancer Center of Hawaii, says smoking isn't always the big villain . . . Men of European origin smoke more, but have lower lung cancer rates than Hawaiian men. Hawaiian and Japanese men smoke about the same amount, but Hawaiian men have twice as much lung cancer as Japanese men. When their diets were studied, it appears that those with more vitamin A in their diets had less

lung cancer. The investigators are now studying the relationship between vitamin A and prostate cancer because animal studies have suggested a possible link . . .

The researchers have found a correlation between fat intake and breast cancer. Hawaiians and Europeans have the highest incidence of breast cancer and eat the most fat . . . The Japanese and Chinese are intermediate for both breast cancer and fat intake and the Filipinos are the lowest in both aspects . . .

The researchers are also studying the relation between diet and bladder cancer. Europeans have more bladder cancer and it is felt that coffee intake, as well as artificial sweeteners, vitamin A, and smoking play a role . . .

Honolulu plastic surgeon **Gunther Hintz** speaks 10 languages including French, Swedish, Spanish, Danish, and German, and has little trouble understanding the Melanesian pidgin spoken in New Guinea. Hintz spends his vacations helping the New Guineans, because no plastic surgeons are available for the population of some 5 million. New Guineans have their share of deformities and their unique problems, such as crocodile and shark bites, ax and spear wounds, falls from coconut trees, debilitating burns, tuberculosis, leprosy, and tropical ulcers. Many New Guineans regard him as a "magician or a god" because of his surgical results, "but because of their belief, their expectations often are unrealistic," he said. The nose and face operation he performed on a New Guinea boy was a success by medical standards, but the family expected a different outcome and they have threatened to take revenge by doing some of their own sculpting on the doctor's face . . .

## Life In These Parts III . . .

With the federal budget cuts and shifts to block grants, state officials are still trying to figure out how badly Hawaii will be hurt by swapping the state's Medicaid costs for federal welfare and food stamp payments. "Hawaii has traditionally been quite generous in providing welfare for its disadvantaged, so there is concern that the state may again become a magnet for those seeking a warm place in the sun to collect support payments . . . (Editorial comments January 28 Honolulu Advertiser)"

PacPSRO, which has been the watchdog for the cost and quality of care given Medicare and Medicaid patients in Hawaii since 1976, became a victim of the federal budget cuts and will not be budgeted for 1982. **Winfred Lee** and the 15-member board voted to terminate as a government agency, since no funding was likely to be forthcoming . . . Lee claims that the PSRO has saved the government at least \$2.9 million by lowering the average lengths of stay among government-subsidized patients from 10.2 days in 1979 to 9.4 days in 1980 . . . (We person-



ally feel that Lee and all the board members who served are to be congratulated for a tough job well done . . . We are sure that Ann Catts, Henry Oyama, Sakae Uehara, et al. will agree . . . Oh! those long nightly sessions we spent deciphering the intent of the act . . .)

An X-ray simulator which can pinpoint the location and depth of tumors will be operational by March at QMC. It is not a diagnostic tool, but the simulator can tell the radiation therapist how to position the patient for the best angle and amount of treatment. A total of \$316,752 was raised in cash and pledges in the X-ray simulator drive, coordinated by the University of Hawaii Foundation in behalf of the Cancer Center of Hawaii, a research institute of the university . . .

The Hawaii Division of the American Cancer Society will participate in a 6-year, \$12 million study of more than 1 million Americans, starting in September. The study will examine the relationship of environment and lifestyle to the development of cancer and other diseases. The study calls for 5,000 subjects from Hawaii, who must be over 30 and belong to households in which there is at least one member over 45 . . .

The St. Francis Hospital's Kauai hemodialysis satellite facility celebrated its 5th year of service on February 19 in the G.N. Wilcox Hospital . . . 20 kidney patients presently use the dialysis facility and 2 kidney patients dialyze at home . . .

Health Service Director Donald Char announced that 2 condom vending machines will be installed in the men's and women's rooms of the Student Health Service Building at the Manoa campus. The machines will replace an honor-system contraceptive service that failed when students failed to pay 25 cents for each packet of condoms or contraceptive cream. Char likes to believe that most of the condoms dispensed are being used for their intended purpose — although some have been seen floating, as balloons, out of dormitory windows and at UH football games . . .


## Life In These Parts IV . . .

### "The Living Will"

"To my family, my physician, my clergyman, my lawyer: If the time comes when I can no longer take part in decisions for my own future, let this statement stand as the testament of my wishes:

"If there is no reasonable expectation of my recovery from physical or mental disability, I, \_\_\_\_\_, request that I be allowed to die and not be kept alive by artificial means or heroic measures. Death is as much a reality as birth, growth, maturity and old age — it is the one certainty. I do not fear death as much as I fear the indignity of deterioration, dependence, and hopeless pain. I ask that medication be mercifully administered to me for terminal suffering even if it hastens the moment of death.

"This request is made after careful con-



# PEQEX

## NEW & RECONDITIONED MEDICAL EQUIPMENT FOR SALE

- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT

**PHYSICIAN'S EQUIPMENT EXCHANGE, INC.**  
866 IWILEI RD., 207/HONOLULU, HI 96817

### 537-2724



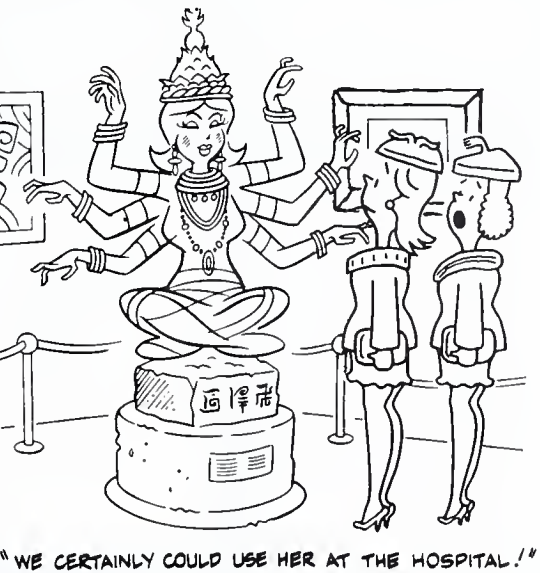
## Norelco® model 590

### POCKET RECORDER

*Economically priced, easy-to-use, lightweight (just 8 oz.), pocket-size. Up to 1-hour recording time, single control for easy of operation, sensitive microphone for crystal clear recording. Compatible with all Norelco transcribing machines. Many other features. Let us give you a demonstration.*

# HAWAII BUSINESS MACHINES

Division of Electronics International Ltd  
829 ALAKEA 536-3832



"WE CERTAINLY COULD USE HER AT THE HOSPITAL!"

## CLASSIFIED NOTICES

### BUSINESS OPPORTUNITIES

Internal Medicine/General Practice for sale. Well established, prime location, new equipment. Gross \$150,000. Terms negotiable. Will introduce. Replies to: P.O. Box 25312 Honolulu, Hawaii 96825.

### NOTICES & ANNOUNCEMENTS

Building a new home or major home improvement is excessive & costly. We coordinate planning, purchasing & construction on behalf of the home-owner to save & cut costs. Free initial consultation. 737-7197 Richard or Walter.

### EMPLOYMENT OPPORTUNITIES

HAWAIIAN ISLANDS-EMERGENCY MEDICINE PHYSICIANS sought for part-time and possible full-time coverage. Excellent income, flexible scheduling and paid malpractice insurance provided. For details call or write in confidence to Ms. Billie Warren, 606 Wilshire Boulevard, Suite 504, Santa Monica, CA 90401; (213) 451-5481 (collect).

### OFFICES

#### WAHIAWA AREA

Ideal for the professionals. New 2 story, elevator equipped, air conditioned with covered parking area. Flexible suite sizes avail. at 80¢ to \$1.00 NNN. Call 622-4354.

Office for lease. \$2.05 per sq. ft. (600 sq. ft.) Or \$1500 per month completely furnished with new furniture. Hasegawa Komuten Bldg. Call Bill McDonald 523-9065 or Rex Johnson 523-7531.

#### FOR SALE OR LEASE

Wahiawa Commercial Bldg.  
Located within easy walking distance to Wahiawa General Hospital. Excellent parking available. Renovations made to suit. Joseph F. Blanco (R). Blanco Realty Co. Inc. 536-9314.

#### MEDICAL OFFICE

Space to share, 3 exam rooms; close to Queens & Straub, fully improved, pleasantly furn. patient parking available. 537-2655.



sideration. Although this document is not legally binding, you who care for me will, I hope, feel morally bound to follow its mandate. I recognize that it places a heavy burden of responsibility upon you, and it is with the intention of sharing that responsibility and of mitigating any feelings of guilt that this statement is made. Signed, Date, Witnessed by:.

Representative Connie Chun introduced this year's House living will bill with co-sponsor Representative Bertrand Kobayashi. Senator Clifford Uwayne introduced similar legislation in the Senate last year and it was passed . . . Senator Benjamin Cayetano, chairman of the

Senate Health Committee, feels that "doctors should welcome this bill" . . . Otherwise doctors using their discretionary powers and fulfilling their patients' living wills may be committing a criminal offense . . . **Otto Neurath**, director of geriatric education at the U.H. Medical School, has been an outspoken supporter of living will legislation for years . . . But to the surprise and consternation of the bill supporters, other physicians and the 30 members of the HMA's Committee on Medical, Ethical, Moral, and Legal Concerns are opposed to the legislation. The HMA's position is as follows: "The

HMA supports the intent of 'living wills' but the legislative method raises enough issues and concerns that we feel it would be best to avoid statutory involvement, at least for the present time." Laurens White, a cancer specialist from San Francisco, reports that California passed a similar legislation in 1977, but "it hasn't accomplished a damn thing . . . Only about 1,000 people have taken advantage of the bill since it took effect. Many of those who could use such a living bill cannot in California because the law is too specific . . . People who need it don't sign it . . . People who do, don't need it." (Ed. And so it goes . . . Ad infinitum . . .)

## Hawaii Medical Journal Index to Volume 40, 1981

Compiled by Virginia Tanji, Hawaii Medical Library

### Title Keyword Index

Abused wife before and after filicide and suicide by her husband, 48  
Alcohol abuse, dysbarism associated with, 12  
Aquatic medicine in Hawaii, 325  
Asthmatics in Hawaii, methacholine response, 157  
Cancer incidence in Hawaii, 1973-77, 7  
Cerebrospinal fluid, eosinophils in, criteria for eosinophilic meningitis, 97  
Claims Conciliation Panel, success of Hawaii's Medical, 41  
Clinical Pathologist's Easy Chair  
HDL-cholesterol, 110  
Hormone receptors and breast cancer, 334  
Hyperparathyroidism, 141  
Colon cancer, hemocult screening for, by Hawaii physicians, 75  
Coral cuts in Hawaii, treatment, 73  
Depression, Parkinsonism, and psychosis, 352  
Dysbarism associated with alcohol abuse, 12  
Editorials  
Aloha, Mike, 16  
The Chief was right, 50  
DEA's drug abusers, 350  
Doctor in Wonderland, 319  
England, message from, 50  
Eye month, 239  
Gasoline and silver, 207  
Goodbye, Paul — hello, Doris, 319  
Great anniversaries, 270  
Hawaii Medical Association through the years, 270  
Health provider in the house, is there a, 78  
The Howzit Family — welcome, 207  
Ing, Edward T.K., M.D. honored, 135

Joke's on us, 78  
Just tell the truth, 16  
A layman speaks out on the hospital hazard nobody ever writes about, 16  
Monkey business, 16  
Most successful doctor, 102  
Nose of the FDA camel is under the tent of the M.D., 154  
Our federal sow, 78  
Protection increases risk?, 50  
Quick fix, 16  
Skin cancer and melanoma, 350  
Unit rule, 102  
Eosinophils in cerebrospinal fluid, criteria for eosinophilic meningitis, 97  
Ether, labor under, Hilo, 1850, 291  
Fees, increasing professional, 192  
Fireworks trauma, 127  
Football injuries in Hawaii, 1979, 180  
Giardiasis on Maui, clinical, 178  
Hawaii Medical Association, past presidents, 276  
Hawaii Medical Journal  
cumulative index, v. 15-39, 1955-1980, 302  
index to v. 39, 29  
Hawaiians and medicine, 272  
Health and medical firsts in Hawaii, 284  
Hemocult screening for colon cancer by Hawaii physicians, 75  
Hemoglobin level in healthy student nurses of Oriental extraction in Hawaii, 329  
Hospitalization, adolescent psychiatric, and ethnic origin, Hawaii, 1979, 320  
Howzit Family, incredible adventures of, Suppl 8/81

In Memoriam — Walker, HH, 58  
Labor under ether, Hilo, 1850, 291  
MAST garment, pre-hospital ambulance utilization in Honolulu during 1978, 209  
Medical  
Claims Conciliation Panel, success of Hawaii's 41 separate men who helped to shape Hawaii, 279  
Methacholine response in asthmatics in Hawaii, 157  
Methenamine therapy, monitoring, 99  
Neonates admitted to a special care unit, comparison of inborn vs. transferred, 175  
Parkinsonism, depression, and psychosis, 352  
Peritoneovenous shunt, fatal pulmonary tumor microembolism complicating, 130  
Persistent fetal circulation in a neonate, management, 355  
Psychiatric hospitalization and ethnic origin, Hawaii 1979, adolescent, 320  
Pulmonary tumor microembolism complicating peritoneovenous shunt, total, 130  
Red blood count in healthy student nurses of Oriental extraction in Hawaii, 329  
Shark attack at Maui, non-fatal, 95  
"Stinging seaweed" *Microcoleus lyngbyaceus*, escharotic stomatitis caused by, 243  
Stomatitis, escharotic, caused by "stinging seaweed," 243  
Tay-Sachs carriers in Hawaii, 1980, screening for, 327  
Thrombocytopenia, use of vinblastine-treated platelets in drug-immune, 182  
Vinblastine-treated platelets in drug-immune thrombocytopenia, 182

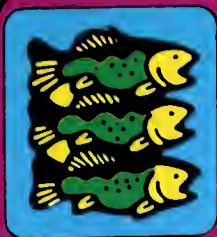
### Author Index

Arnold HL Jr, 58, 102, 154, 207, 319  
Ash K, 175  
Bolman WM, 352  
Boyчук RB, 175  
Burch TA, 7  
Chew SY, 130  
Choy SS, 320  
Cooper MA, 73  
Corboy JM, 16, 50, 78, 102, 192, 207, 239, 319, 350  
Desowitz RS, 178  
Easa D, 175, 355  
Fournier-Massey GG, 157  
Fukunaga F, 110, 141, 334  
Goebert HW Jr, 41  
Hale RW, 180  
Herrman K, 355  
Hinds MW, 7  
Holt D, 355

Hsia YE, 327  
Jasinski DR, 270  
Jim RT, 182, 329  
Judd CS, 270  
Katsuki B, 279  
Killion LL, 178  
Kizer KW, 12, 325  
Kolonel LN, 7  
Kuberski T, 97  
LaBarre M, 175  
Lee CA, 16  
Light MJ, 175  
McDanel CE Jr, 48, 352  
McPheeters GO, 127  
Martini FH, 95  
Massey DG, 157  
Mills GH, 272  
Milroy WC, 12  
Mitchell W, 180

Nishimura W, 209  
Nomura AM, 7  
Popper J, 327  
Reppun JIF, 136  
Rellahan W, 7  
Schmitt RC, 284, 291  
Shintani TT, 41  
Siegel BL, 48  
Sims JK, 209, 243  
Straehley CJ, 127  
Stemmermann GN, 130  
Taniguchi R, 99  
Welch K, 95  
Wetmore CH, 291  
Wiebenga NH, 178  
Wienke JW, 75  
Withers JN, 75  
Zandee van Rilland RD, 243





# Where to go for BUSINESS DINING



## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

Top of the Blvd.  
and Waimalu

**Both Open 24 Hrs.**  
(Except the Wee Hours  
of Monday Morning)

Cartoon  
Courtesy of  
The Honolulu  
Star-Bulletin

**CONSISTENTLY GOOD  
CHINESE FOOD . . .**

**CHINESE AND AMERICAN FOOD**

*Coral Reef*

Restaurant and lounge

Mauka side next to Woolworth  
1006 Ala Moana Center

Open from 10:30 AM to 9:30 PM  
Sundays 10:30 AM to 5 PM

Phone: 949-3500

**Now Serving  
Hot and Spicy  
Dishes for Dinner**



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Hōhron Lane.

•PHONE: 955-8844•

OPEN DAILY -

Lunch-11:00 a.m. - 2:00 p.m., Dinner-5:00 p.m. - 1:00 a.m.

VALET & FREE VALIDATED PARKING



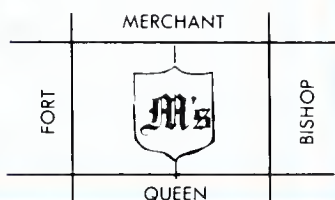
Breakfast - Lunch - Cocktails  
in the heart of Downtown.

M's Coffee  
Tavern  
6:30-2 P.M.

Cheerio Room  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern or inn."

*Samuel Johnson*



**Arthur's**

Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.

*Flamingo Restaurant*

**Seafood in its  
Finest Hour**

Any hour from 11 am to 10 pm,  
Fridays & Saturdays 'til 11 pm.

**THE SEAFOOD EMPORIUM**

Please call 922-5547 for reservations

Royal Hawaiian Shopping Center, second floor • corner of Kalakaua and Lewers



(Formerly Napualani)

**4 Banquet Rooms**

**For 20-250 Persons**  
Breakfasts—Luncheons  
Dinners—Cocktails

Full sit-down dinners from \$6.95

Ample Validated Parking

Reservations: Ann Kubota, 922-3861

**Quality Inn Waikiki-Paoakalani & Kuhio**

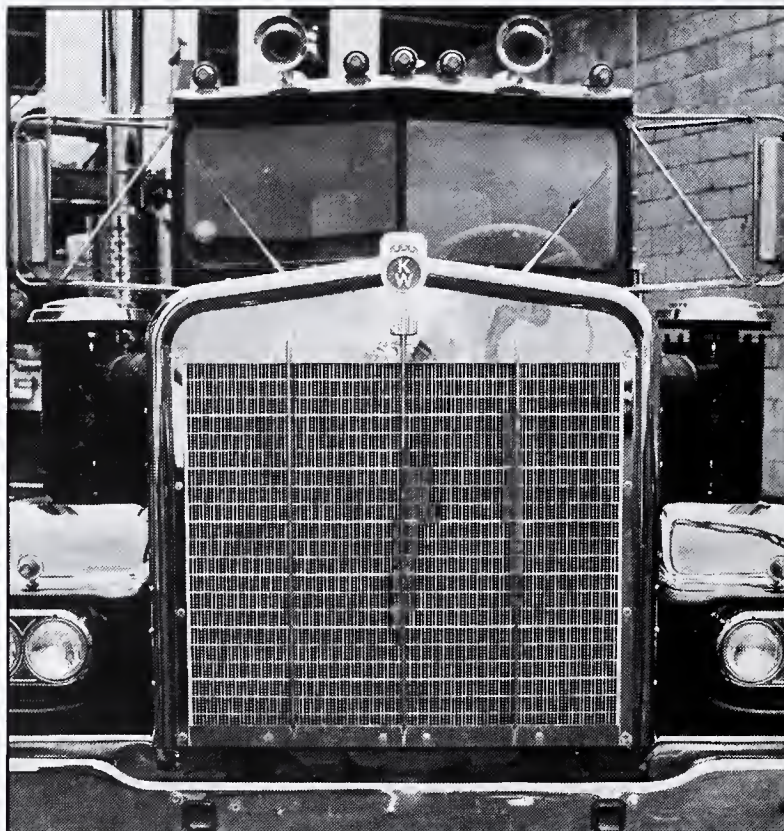
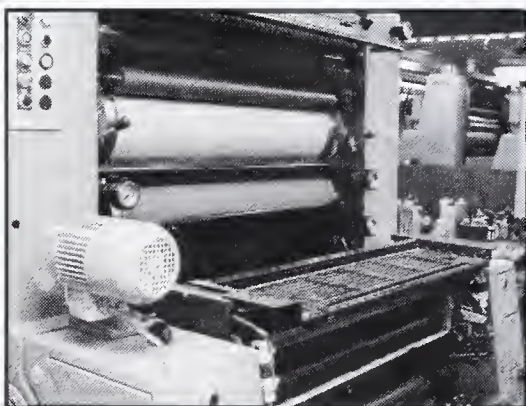
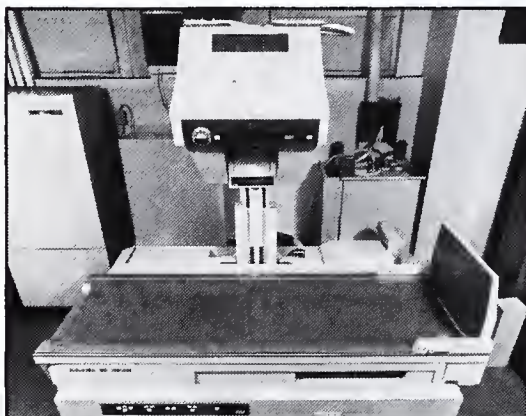
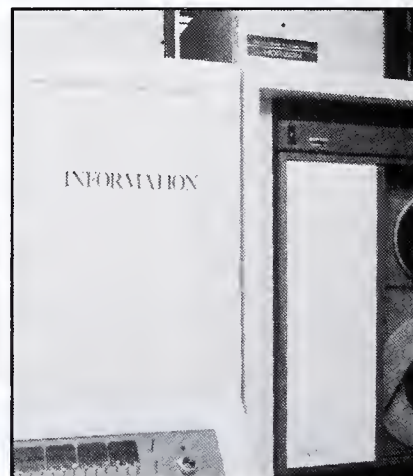
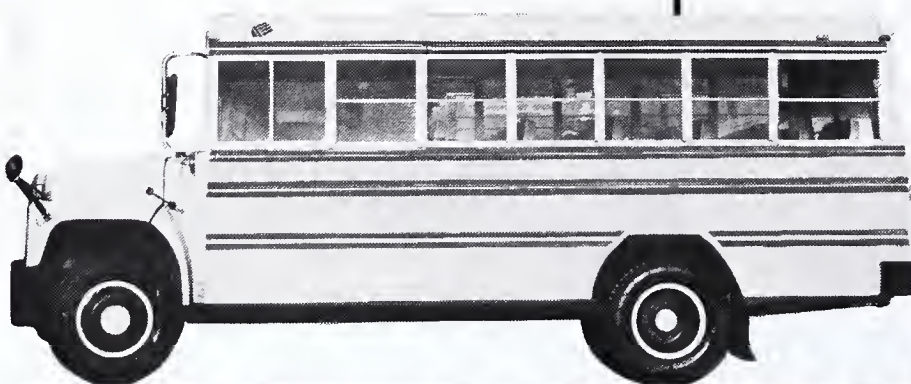
On the "Big Island" it's Quality Inn Hilo

*Enjoy one  
of these fine  
eating places  
today!*



**If You're Thinking  
About New  
Equipment,**

**Find Out What  
Bancorp Leasing  
Thinks.**



These days, with the high cost of buying most new equipment, leasing is more advantageous than ever.

Businesses today need the benefits that leasing offers: lower cost, improved cash flow, flexible terms, fixed-rate financing, conservation of capital, and more. To put these benefits to work for you, you need the advice of leasing experts—the experts at Bancorp Leasing.

We can tell you about all the advantages of leasing, and structure a lease that's right for you. So if you're thinking about new equipment, talk to us. You have a lot to gain by finding out what we think.

**Bancorp Leasing  
of Hawaii**

A subsidiary of Bancorp Hawaii, Inc. and an affiliate of Bank of Hawaii. 537-8812.



JULY 1982  
VOL. 41, NO. 7

# Hawaii MEDICAL JOURNAL

## CONTENTS

Editorials 190

Continuing Medical Education 192

HMA Auxiliary 192

Arterial Blood Gas Changes with  
Bluebottle Envenomation—A Case Report 193

Kenneth W. Kizer, M.D., M.P.H.,  
and Michael Piel, M.D.

Clinical Update 196

Thought for the Day 196

Over the Editor's Desk 197

HAFP Newsletter 198

Seaweed Itch on Windward Oahu 200

Mary Serdula, M.D., M.P.H.,  
Giovanni Bartolini, Richard E. Moore,  
John Gooch, D.V.M.,  
and Ned Wiebenga, M.D., M.P.H.

Medical History in the Islands 202

Clinical Pathologist's Easy Chair 204

News and Notes 206

Letters to the Editor 214

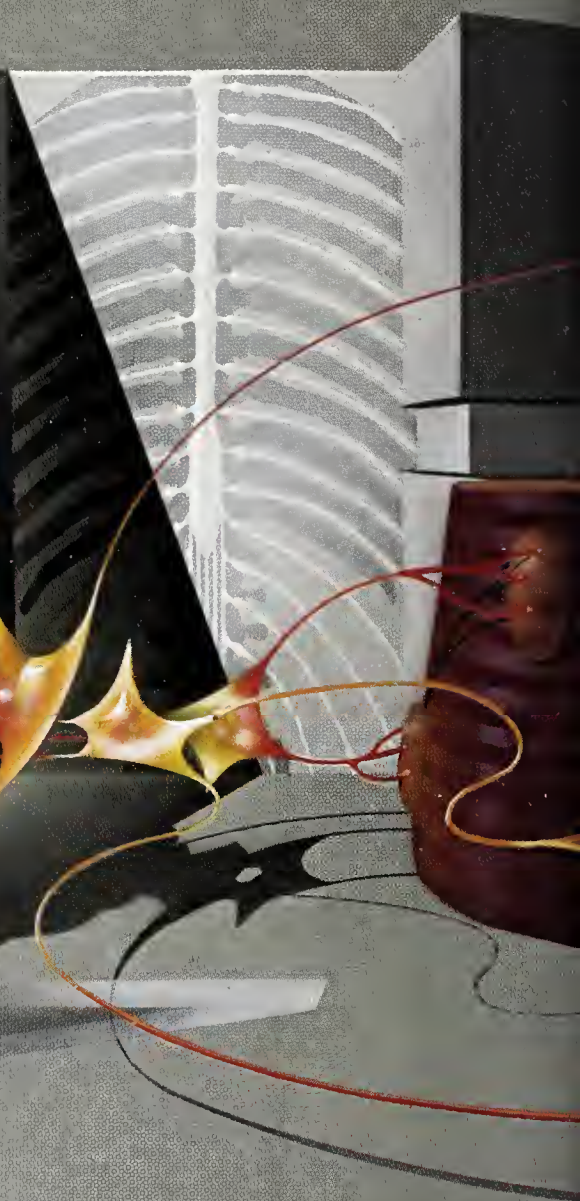
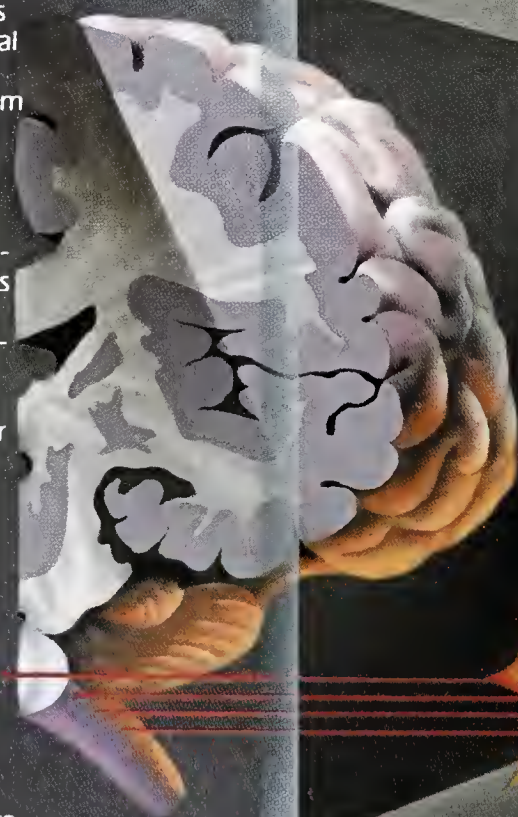
U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143  
SPB



# SKELETAL MUSCLE SPASM

## Actions associated with spasm

Normally, presynaptic inhibition of impulses to motoneurons prevents the continuous contraction of skeletal muscles. When this regulatory mechanism is overloaded, however, it cannot cope with the excessive number of impulses directed at the motoneurons and muscles go into spasm. This bombardment of impulses may come from the brain stem reticular formation or the spinal cord—or both. Whichever the source of the impulses, adjunctive Valium (diazepam/Roche) has demonstrated its ability to relieve the spasm-pain-spasm cycle. This has long been known. Now evidence is emerging that Valium may have skeletal muscle relaxant activity not only at the brain and spinal levels but possibly at a third site—the muscle itself.



## Counteractions associated with Valium® (diazepam/Roche)

### In the reticular formation

Animal experiments have shown a reduction in the rate of neuron firing in the brain stem reticular formation after administration of Valium.<sup>1,2</sup> This system, therefore, may be a major site of Valium action.

### In the spinal cord

The ability of Valium to diminish skeletal muscle spasm may also be due to its action at the spinal level. Both animal and human experimental evidence indicates that Valium appears to improve the efficiency of presynaptic inhibition in the spinal cord.<sup>3-6</sup>

### In the muscle itself

In both animal<sup>7</sup> and human<sup>8</sup> studies, Valium has been shown to have a direct effect on the muscle itself. Diazepam, administered to 15 spastic patients with neurological lesions, reduced the amplitude of the compound action potential of direct muscle response as well as the isometric twitch tension. From this, it was postulated that Valium may affect the contractile properties of muscle and possibly

**References:** 1. Przybyla AC, Wang SC. *J Pharmacol Exp Ther* 163:439-447, 1968. 2. Tseng TC, Wang SC. *J Pharmacol Exp Ther* 178:350-360, 1971. 3. Stratten WP, Barnes CD. *Neuropharmacology* 10:685-696, 1971. 4. Schmidt RF, Vogel ME, Zimmermann M. *Arch Exp Pathol Pharmacol* 258:69-82, 1967. 5. Murayama S, Uemura H, Suzuki T. *Jpn J Pharmacol* 22 (Suppl): 79, 1972. 6. Vernier M, MacLeod S, Ashby P. *Can J Neurol Sci* 2:179-184, Aug 1975. 7. De Groof RC, Bianchi CP, Narayan S. *Eur J Pharmacol* 66:193-199, 1980. 8. Vernier M, Ashby P, MacLeod S. *Am J Phys Med* 55:184-191, 1976. 9. Fowles EW, Strickland DA, Peirson GA. *Am J Phys Med* 44:9-19, 1965.

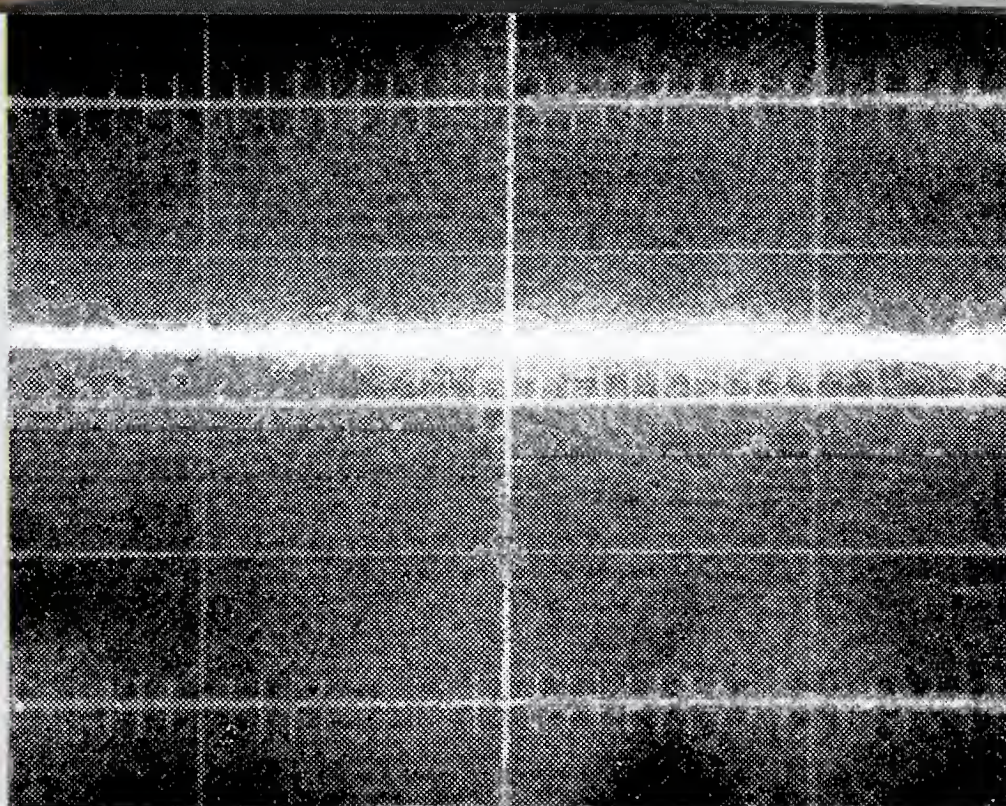
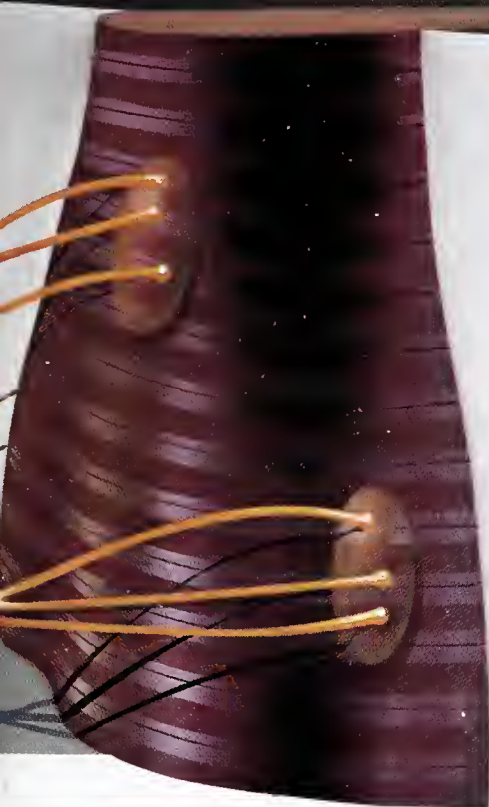


# Waves and Contractions



Electromyographic evidence of muscle spasm in a patient before administration of diazepam\*

35 minutes after I.M. diazepam 10 mg, muscles are completely relaxed\*



\*Adapted from Fowles EW, et al.<sup>9</sup>

the electrical properties of muscle membrane. Recent *in vitro* studies demonstrated that diazepam decreases tension in rapidly stimulated muscle and increases the rate of loss of calcium (needed for efficient coupling of action potential to muscle contraction) in the skeletal muscle of frogs. While these studies imply three possible sites of Valium (diazepam/Roche) activity, conclusive proof of the sites of action of Valium will require further research.

## Adjunctive **VALIUM**<sup>®</sup> <sup>IV</sup> diazepam/Roche

2-mg, 5-mg, 10-mg scored tablets  
Tel-E-Dose<sup>®</sup> Reverse-Number Packs  
2-ml Tel-E-Ject<sup>®</sup> ready-to-use  
disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials }

Please see following page for a summary of product information.





# Adjunctive **VALIUM**® diazepam/Roche

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal, adjunctively in relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis, stiff-man syndrome. *Oral form* may be used adjunctively in convulsive disorders, but not as sole therapy. *Injectable form* may also be used adjunctively in status epilepticus, severe recurrent seizures; tetanus, anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures; cardioversion. The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets in children under 6 months of age, known hypersensitivity; acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL:** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients, should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V., inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist, use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest, concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea; have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or less), prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence; can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam/Roche), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function, avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated).

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return, re-administer if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures, use topical anesthetic, have necessary countermeasures

available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported, should these occur, discontinue drug. Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam/Roche) therapy and are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Dosage:** Individualized for maximum beneficial effect.

**ORAL—Adults:** Anxiety disorders, relief of symptoms of anxiety, 2 to 10 mg *b.i.d.* to *q.i.d.*, acute alcohol withdrawal, 10 mg *t.i.d.* or *q.i.d.* in first 24 hours, then 5 mg *t.i.d.* or *q.i.d.* as needed, adjunctively in skeletal muscle spasm, 2 to 10 mg *t.i.d.* or *q.i.d.*, adjunctively in convulsive disorders, 2 to 10 mg *b.i.d.* to *q.i.d.*. **Geriatric or debilitated patients:** 2 to 2½ mg 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg *t.i.d.* or *q.i.d.* initially, increasing as needed and tolerated (not for use under 6 months).

**INJECTABLE:** Usual initial dose in older children and adults is 2 to 20 mg I.M. or I.V., depending on indication and severity. Larger doses may be required in some conditions (tetanus). In acute conditions injection may be repeated within 1 hour, although interval of 3 to 4 hours is usually satisfactory. Lower doses (usually 2 to 5 mg) with slow dosage increase for elderly or debilitated patients and when sedative drugs are added. (See Warnings and Adverse Reactions.)

For dosages in infants and children see below, have resuscitative facilities available.

**I.M. use:** by deep injection into the muscle.

**I.V. use:** inject slowly, take at least one minute for each 5 mg (1 ml) given. Do not use small veins, i.e., dorsum of hand or wrist. Use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Moderate anxiety disorders and symptoms of anxiety, 2 to 5 mg I.M. or I.V., and severe anxiety disorders and symptoms of anxiety, 5 to 10 mg I.M. or I.V., repeat in 3 to 4 hours if necessary; acute alcoholic withdrawal, 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary. Muscle spasm, in adults, 5 to 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary (tetanus may require larger doses); in children, administer I.V. slowly; for tetanus in infants over 30 days of age, 1 to 2 mg I.M. or I.V., repeat every 3 to 4 hours if necessary; in children 5 years or older, 5 to 10 mg repeated every 3 to 4 hours as needed. Respiratory assistance should be available. Status epilepticus, severe recurrent convulsive seizures (I.V. route preferred), 5 to 10 mg adult dose administered slowly, repeat at 10- to 15-minute intervals up to 30 mg maximum. Repeat in 2 to 4 hours if necessary keeping in mind possibility of residual active metabolites. Use caution in presence of chronic lung disease or unstable cardiovascular status. **Infants (over 30 days) and children (under 5 years),** 0.2 to 0.5 mg slowly every 2 to 5 min., up to 5 mg (I.V. preferred). **Children 5 years plus,** 1 mg every 2 to 5 min., up to 10 mg (slow I.V. preferred), repeat in 2 to 4 hours if needed. EEG monitoring may be helpful.

In endoscopic procedures, titrate I.V. dosage to desired sedative response, generally 10 mg or less but up to 20 mg (if narcotics are omitted) immediately prior to procedure, if I.V. cannot be used, 5 to 10 mg I.M. approximately 30 minutes prior to procedure. As preoperative medication, 10 mg I.M.; in cardioversion, 5 to 15 mg I.V. within 5 to 10 minutes prior to procedure. Once acute symptomatology has been properly controlled with injectable form, patient may be placed on oral form if further treatment is required.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure; employ general supportive measures, I.V. fluids, adequate airway. Use levarterol or metaraminol for hypotension. Dialysis is of limited value.

**How Supplied:** **ORAL:** Scored tablets—2 mg, white, 5 mg, yellow, 10 mg, blue—bottles of 100\* and 500,\* Prescription Paks of 50, available in trays of 10,\* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25+ and in boxes containing 10 strips of 10+.

**INJECTABLE:** Ampuls, 2 ml, boxes of 10,† Vials, 10 ml, boxes of 1,† Tel-E-Ject® (disposable syringes), 2 ml, boxes of 10+.

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701.

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110.



ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



# HAWAII MEDICAL JOURNAL

(USPS 237-640)

Published Monthly for the  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

*Editor*, HARRY L. ARNOLD, Jr., M.D.  
*Managing Editor*, DORIS R. JASINSKI, M.D., M.P.H.  
*Assistant Editor*, DOUGLAS G. MASSEY, M.D.  
*Associate Editors*, JOHN M. CORBOY, M.D.  
J. I. FREDERICK REPPUN, M.D.  
*Editorial Assistants*: BECKY KENDRO, JENNIE ASATO

*Editorial Board*: FRANCIS H. FUKUNAGA, M.D.,  
NORMAN GOLDSTEIN, M.D., RALPH W. HALE, M.D.,  
THOMAS C. HALL, M.D., ROBERT T. S. JIM, M.D.,  
JAMES LUMENG, M.D., FRANCIS D. PIEN, M.D.,  
SIANG YONG TAN, M.D., THOMAS J. WHELAN, JR., M.D.,

*Publications Committee*: CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
DORIS R. JASINSKI, M.D.,  
(Chairman)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. McGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

*President*, ANN B. CATTS, M.D.  
*President-Elect*, CALVIN C.M. KAM, M.D.  
*Past President*, NEAL E. WINN, M.D.  
*Secretary*, KWONG YEN LUM, M.D.  
*Treasurer*, WILLIAM H. HINDLE, M.D.

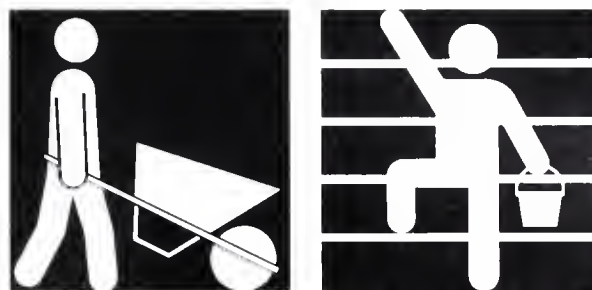
*County Presidents*  
*Hawaii*, ERNEST L. BADE, M.D.  
*Honolulu*, THOMAS G. CAHILL, M.D.  
*Kauai*, JOHN W. NEWMAN, M.D.  
*Maui*, MICHAEL R. SAVONA, M.D.  
*West Hawaii*, KENNETH GRANT

*Delegate to AMA*,  
HERBERT Y.H. CHINN, M.D.  
*Alternate Delegate to AMA*,  
WILLIAM E. IACONETTI, M.D.

*Advertising Representatives*  
National  
**UNITED MEDIA ASSOCIATES, INC.**  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
**CROSSROADS PRESS, INC.**  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc., for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.



## Get your compensation patients back to work

CHART understands the special needs of the disabled worker. Our rehabilitation therapy includes Work Simulation to get your patients ready to return to work without fear and with less chance of re-injury. Call CHART for more information about getting your patient back to work.

Rowlin L. Lichter, M.D. *Medical Director*



# CHART™

Comprehensive Health and  
Rehabilitation Training

1314 South King Street Suite 750  
Honolulu Hawaii 96814 Telephone 523-1674

## Doctors . . .

*you can have YOUR OWN*

# "IN-OFFICE" COMPUTER SYSTEM

- Versatile
- Economical
- Reliable
- Compact

Please call us for more details or to arrange  
a demonstration.

## 531-8441

## A&F ENTERPRISES

1188 Fort Street Mall, Suite 201  
Honolulu, Hawaii 96813

Specializing in Medical & Dental systems.  
Authorized TOSHIBA dealer.



*Editorials represent the opinion of the editor or author (designated by initial or name) and do not necessarily represent the official policy of the Hawaii Medical Association, the publisher.*

## CME and the HMJ

The initials CME, for Continuing Medical Education, have come to occupy a rather large place in the waking thoughts of physicians over the past few years.

The HAWAII MEDICAL JOURNAL, hoping to serve the need to know what courses are available in Hawaii, has been running a column of ongoing CME programs every issue over the past many months.

Our faithful readers will have noted by this time that our book is not getting bigger. The size of each issue is determined in large part by how many ads we are fortunate enough to garner. Business being what it is these days, ads are not as easy to get as they once were.

Therefore, as our book is not getting larger, we are going to have to make better use of the space available. The CME column we have been running has been long and largely repetitious each month. This keeps us from getting to you faster the many good items that are submitted by all and sundry.

The plan is this: HMJ will publish the full Hawaii list of on-going CME programs once or more within every 12 months. The Special Events will be published monthly. We refer you to previous issues of HMJ, including June 1982, for the complete list, or phone the Hawaii Medical Association office at (808) 536-7702 with specific questions.

DRJ

## Summer Sores

With summer upon us, and swimmers and waders galore in Hawaiian waters, we publish in this issue articles on "seaweed itch," due to a blue-green alga, and the acute effects of Portuguese man-of-war stings on an otherwise healthy U.S. marine.

The incidents that will be reported within these pages occurred on Windward Oahu. Evidently, the windward side bathers and watersports "persons" are more at risk, but let every swimmer, boater, fisher, and waterskier beware! Dangers lurk amid those otherwise tranquil appearing waves.

DRJ

## The Enemy Within

The man from the community association wanted information on radiation cataract. It seems the Navy runs a powerful nearby radio transmitter, and the neighborhood has become alarmed by the usual anecdotes: "A lady never had cataracts until she moved here, and now she has them in both eyes!" The association wants to sue the Navy to shut down transmission before cataracts are endemic.

I explained that low energy radiation of this sort only produces cataracts by thermal effects on the lens, and that short of sticking your head in a microwave oven, there need be no fear. "But what about genetic effects, then?" they asked. Sorry, this non-ionizing radiation cannot damage the genes.

The representatives seemed disappointed that their community unity might wane without this cause. I advised they refocus on problems of real risk to their neighborhood. They've had several devastating drunk driver accidents in their town lately, so I suggested they might do more for the community by suing for stricter laws and enhanced enforcement on their streets.

I stressed that 500 people die every week on our nation's highways in alcohol-related accidents, while 200,000 more are maimed, and that this incredible epidemic will touch many members of their community. Alas, they lamented, "You can't sue to stop that!" Not when the enemy is your neighbor.

On a personal level, I advised he remind his fellow members who smoke that they may all die of lung cancer (if nothing else gets them first), and the association might wish to direct some of their zeal toward eliminating this proven killer, rather than hunting for unsuspected pollutants.

We see the same loss of perspective in the heptachlor witch hunt. The community would sue the Health Department, the dairies, or the pineapple growers because of pesticides in milk, but heptachlor hasn't made anyone ill. Yet failure to wear seatbelts, for example, kills dozens of people on Oahu alone every year. But who to sue over this? Youngsters consume deadily illicit drugs while fretting over possibly toxic "chemical additives" which preserve their foods.

Perhaps it's human nature to search for visible culprits behind mini-problems, while ignoring mega-troubles that have no easily identifiable villain. As physicians, we can remind our patients that the real killers are booze, cigarettes, speeding autos, and street drugs, not radiation, pesticides, nor food additives. As Pogo said, "We have found the enemy. And he is us."

JMC

## The United States Air Force Medical Corps

is currently accepting applications  
for the following specialties:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

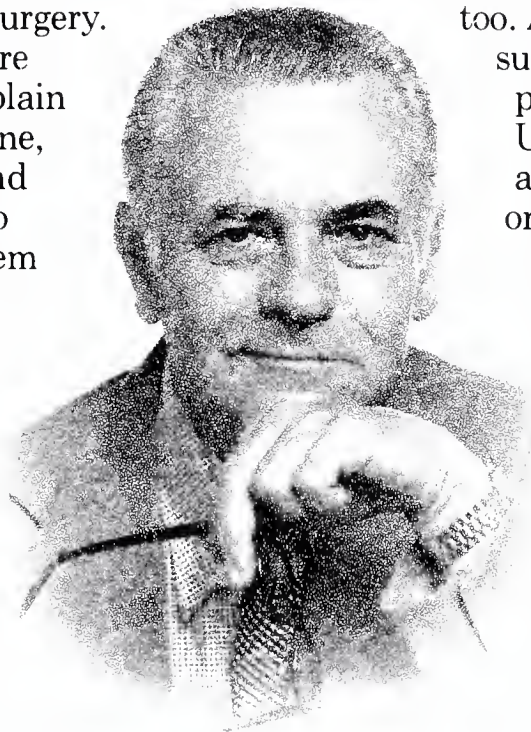
Your confidentiality is assured.





**From what our HMSA members tell us, more doctors seem to be perfecting that old fashioned 'bedside manner.'**

To the patient, every illness is serious, especially surgery. Today more doctors are taking the time to explain what is going to be done, why it's being done and how much it's going to cost. Patients, too, seem to be more concerned and willing to talk



about these important matters.

We think these are both healthy signs. We can all do our part to promote this kind of helpful dialogue.

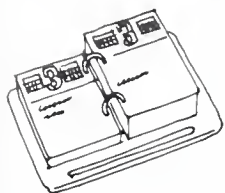
We'd like to hear from you, too. Anytime you have a suggestion or question, please let us know. Usually we can have an answer for you in a minute or two.

HMSA — the efficient way, for you and your patients.

# Old Fashioned Dialogue is Back.

**HMSA Utilization Review Department**  
Ph: 944-2355





## Continuing Medical Education

## CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

### LOCAL ACCREDITED PROGRAMS

#### ONGOING

For a complete list of ongoing programs, please refer to the January through June 1982 issues of the Hawaii Medical Journal. Further information regarding ongoing events is available through the individual institutions or through the HMA's CME Department.

### SPECIAL EVENTS

July 13-17, 1982	Endocrine Metabolic Course, USC School of Medicine Postgraduate Division, 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela, 24 hrs.
July 17-24, 1982	Cardiovascular Medicine & Surgery: An Advanced Course, Stanford University School of Medicine, Stanford, Calif. 94305. At: Mauna Kea Beach Hotel, Kamuela 22 hrs.
July 23-31, 1982	Diagnostic Radiology: An In-Depth Seminar Approach to Selected Topics in Diagnostic Imaging (S), Stanford Univ. Sch. of Med., Stanford, Calif. 94305. At: Mauna Kea Beach Hotel, Kamuela.
Aug. 7-14, 1982	USC School of Medicine Postgraduate Division, KAM 320, 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea Beach Hotel, Kamuela.

Aug. 20-24, 1982	ACP Annual Internal Medical Update (B), University of Hawaii, John A. Burns School of Medicine, 1960 East-West Road, Honolulu, 96822. At: Maui, 25 hrs.
Oct. 11-14, 1982	Hawaii Medical Association 126th Annual Scientific Meeting, in conjunction with the World Medical Association Council Meeting, theme: "Something for Everyone." At: Hilton Hawaiian Village. Fee: \$100 for non-members, 19 hrs. Contact: Irene Wong, 536-7702.

#### Out of State

For information on any out-of-state programs or courses, refer to August 4, 1981, Special Issue of JAMA or call the HMA Office.



## HMA Auxiliary

The Hawaii Medical Association Auxiliary's annual convention and the annual meeting of the Auxiliary to the Honolulu County Medical Society was held May 20 at the Prince Kuhio Hotel, Honolulu. The following officers were elected and installed:

#### Auxiliary to the Honolulu County Medical Society

President . . . .	Ella Edwards (John W. Jr.)
President-elect . . . . .	Carolyn Hiatt (Gerald A.)
1st Vice-President . . . . .	Margie Cho Sue (Sam)
2nd Vice-President . . . . .	Emily Callan (John P.)
Secretary . . . . .	Christina Semenza (John)
Treasurer . . . . .	Joan Wong (Lawrence Y.W.)

#### Hawaii Medical Association Auxiliary

President . . . . .	Carol McNamee (Philip)
	Honolulu County
Vice-President . . . .	Betsy Haines (Glenn)
	In charge of administration
Vice-President . . . . .	Mary Kim (Peter)
	In charge of historical records
Vice-President . . . . .	JoAnn Lundborg (Richard)
	In charge of secretarial matters
	Hawaii County
Vice-President . . . . .	Ella Edwards (John)
	In charge of finance
	Honolulu County

### Excerpts from the AMAA Direct Line Newsletter:

During the recent interim meeting of the AMA House of Delegates in Las Vegas, AMA delegates passed resolutions stating the AMA's stand on a number of current health and social issues.

The House of Delegates agreed "with the AMA-ERF that the AMA Auxiliary should be saluted for its tireless and selfless efforts on behalf of the Foundation." During the first 9 months of 1981 the AMA-ERF and Auxiliary raised \$680,000 for the AMA-ERF Medical School Fund.

The AMA House affirmed "the concept that equality of rights under the law shall not be denied or abridged by the

United States Government by any state on account of sex."

Concerned by the changes in the family unit, AMA delegates resolved to "gather such information as already exists on the diminishing family unit, and effects of the decline of the family unit on the physical and mental health of the people of the nation and report their findings at the 1982 Interim Meeting."

### Mahalo from the Legislative Committee

The HMA and the Auxiliary sponsored two cocktail parties for the state legislators at the HMA offices, February 8 and 11, the first for senators, the second for representatives. Auxiliary members provided pupus and many attended the parties. **Carol McNamee** and **Carolyn Hiatt**, Legislative Committee co-chairmen, thank all who brought their specialties for the pupu table.

### Mahalo to the Hawaii Medical Library

The Auxiliary has been offered space, cataloging, and lending services by the Hawaii Medical Library for its tapes of Guest Day programs. This is an excellent opportunity for us to share our information with the community and to store our materials safely.

◇



# Arterial Blood Gas Changes with Bluebottle Envenomation—A Case Report

Kenneth W. Kizer, M.D., M.P.H. and Michael Piel, M.D.

• *Envenomation by the Pacific Portuguese man-of-war or "bluebottle" is a common problem in many aquatic pastimes in Hawaii. Although bluebottle stings are generally only a nuisance, reactions can be severe. A case demonstrating significant arterial blood gas changes secondary to man-of-war envenomation is presented. The need exists for more data on the clinical management of such cases.*

One of the commoner nuisances encountered by swimmers, divers, surfers, and fishermen in Hawaii is envenomation by the Pacific species of Portuguese man-of-war, *Physalia utriculus*. This floating colonial coelenterate has been dubbed the "bluebottle" in the South Pacific because of its appearance.

Unlike their much larger Atlantic cousins, *Physalia physalis*, bluebottle species that inhabit Hawaiian waters rarely grow larger than 3 to 4 inches nor have tentacles longer than 12 to 15 feet. Nonetheless, man-of-war stings account for significant morbidity and numerous emergency room visits each year during the spring and summer when these cnidarians are most plentiful in local waters.

A case of bluebottle envenomation seen by the authors demonstrated unexpected arterial blood gas changes, the likes of which have not been noted in other reported cases. This case may alert clinicians of the possibility of significant physiologic disturbances in the presence of relatively minor overt stigmata of injury.

**Case Report**—This 21-year-old active-duty marine was body surfing at a Windward Oahu beach when he sustained multiple Portuguese man-of-war stings to the upper back, chest, neck, and right arm. About 10 minutes later he noted the onset of severe chest pain, described as heavy and squeezing in nature, plus shortness of breath, nausea, dizziness, and numbness of the right arm. He was taken to the Kaneohe Marine Corps Air Station branch dispensary, where his vital signs were reported normal. No other evaluation was recorded. Because of marked symptoms, he was transferred to Castle Memorial Hospital.

The patient arrived at CMH emergency department about 1 hour after envenomation, still complaining of a heavy pain in his chest, mild shortness of breath, nausea, dizziness, and right arm numbness. He also complained of pain

localized to his pectoralis muscles.

Past medical history was remarkable only for allergies to penicillin and bee stings. He denied ever smoking cigarettes.

Initial physical examination revealed an anxious young man with the following vital signs: pulse—72 per minute, blood pressure—120/82 mm Hg, respirations—20 per minute, and temperature—97.2°F. He was most comfortable sitting upright; he complained of mild tenderness on palpation of the anterior chest wall. Although he reported having had numerous red strands and welts on his chest, back, and neck earlier, only a few beaded linear streaks of erythema remained on his right shoulder and precordium at the time of examination. Breath sounds were clear bilaterally, but hypoactive over the right lung. No wheezes, rhonchi, or rales were present. Cardiac exam was normal. Decreased sensation to pin prick was noted throughout the entire right arm. The remaining neurological and other physical examination was otherwise unremarkable.

Electrocardiogram showed normal sinus rhythm at 62 beats per minute, with no evidence of ischemia. Chest X-ray was normal.

A paste of alcohol and Adolph's Instant Meat Tenderizer (unseasoned) was applied over the affected areas, and butorphanol tartrate (Stadol), 2mg, was given intramuscularly.

Soon, the patient noted substantial symptomatic improvement; however, he continued to complain of mild air hunger and vague tightness in his chest. Minimal cutaneous stigmata of envenomation were evident by this time. Arterial blood gas (ABG) analysis on room air showed: pH 7.35, pO<sub>2</sub> 71 mm Hg, pCO<sub>2</sub> 53 mm Hg, HCO<sub>3</sub> 27, and O<sub>2</sub> saturation 92.5%. Although these findings seemed incongruous with his apparent clinical state, supplemental oxygen was begun at 2 liters per minute by nasal prongs, and arrangements made to transfer the patient to Tripler Army Medical Center. Repeat ABGs on oxygen prior to transfer to TAMC, which was then about 3 hours after envenomation, showed: pH 7.34, pO<sub>2</sub> 79 mm Hg, pCO<sub>2</sub> 60 mm Hg, HCO<sub>3</sub> 30, and O<sub>2</sub> saturation 94%.

Upon arrival at TAMC, the patient's symptoms had diminished further. No cutaneous stigmata of envenomation remained at this time, and physical examination was unremarkable. Repeat ABGs on room air 4½ hours after the sting

showed: pH 7.40, pO<sub>2</sub> 88 mm Hg, pCO<sub>2</sub> 32 mm Hg, and O<sub>2</sub> saturation 97%.

In view of his improved condition, the patient was discharged home in the care of his wife, with instructions to return to the ER if his symptoms should increase, and to return in the morning for repeat evaluation in any case. He failed to return the next day, but, when questioned several weeks later, he reported that all of his symptoms had completely resolved that night and that he had noted no further effects of the sting.

## Discussion

The clinical manifestations of Portuguese man-of-war envenomation are varied and many.<sup>1, 2, 3, 4, 5, 6, 7</sup> Most commonly reported are local reactions consisting of intense burning or stinging pain at the site of contact with the animal's tentacles, associated with characteristic raised red welts or beaded streaks. Rarely reported are severe systemic reactions that rapidly progress to cardiovascular collapse and death. Between these two extremes are reactions of variable severity, with different degrees of muscle pain, characteristically quite intense, as well as nausea, vomiting, headache, generalized weakness, respiratory distress, paresthesias and other sensory disturbances, emotional lability, and various other symptoms, along with the typical urticarial lesions. Reports of severe reactions to bluebottle stings are rare.

Over the years, considerable literature has accumulated about the anatomy, physiology, and toxicology of these coelenterates.<sup>1, 3, 5, 8</sup> *Physalia* venom has been found to contain a number of heat labile enzymes and polypeptides that depress neuromuscular and cardiac function.<sup>9, 10, 11</sup> These substances have been extensively studied in animals, but delineation of their exact toxic effects in humans is less well documented. Likewise, relatively sparse data is available on the clinical management of envenomated persons.

The optimal medical regimen for treating man-of-war envenomations has not been clearly established. Scant information exists on the specific clinical parameters that should guide therapy in these cases or on the relative efficacy of various treatment regimens propounded in the literature. In fact, no controlled nor comparative studies on the treatment of these injuries could be found in a review of the literature.

In general, treatment has been empirically derived and is aimed primarily at symptomatic relief or life-saving resuscitation in extremely severe cases. The usefulness of topically applied proteolytic enzyme preparations in deactivating the toxin containing nematocysts, and thus preventing further envenomation, is well known.<sup>8, 12, 13</sup> However, the efficacy of other pharmacologic agents is less certain.

Chief among the various pharmaceuti-



cals advocated for these injuries are antihistamines, calcium gluconate, epinephrine, corticosteroids, and analgesics. The need to relieve the pain of envenomation is unquestioned. Morphine and meperidine have been the drugs most often used in the past. The use of butorphanol has not been previously reported in the treatment of bluebottle envenomation, but it seemed to provide good analgesia in this case. It would appear to be an acceptable alternative to morphine or meperidine, especially in view of its limited respiratory depressant effects at higher doses.<sup>14, 15</sup> Of the various drugs advocated, calcium might have been efficacious, since the musculotoxic effects of man-of-war venom appears to inhibit calcium uptake in the sarcoplasmic reticulum.

Of particular interest in this case was the documentation of reversible respiratory depression by sequential arterial blood gas analysis. Since the first ABGs were drawn more than 2 hours after en-

venomation, by which time the patient's symptoms had substantially abated, it seems likely that more profound abnormalities would have been found earlier in his course. The exact cause of respiratory depression in this case is unclear. Although it probably was due to hypoventilation secondary to chest wall pain, the possibility of direct central nervous system depression of the respiratory centers cannot be excluded.

Recognizing the respiratory depressant effect of man-of-war stings may be especially important in cases of near-drowning or other aquatic accidents where envenomation may be either the proximate cause or an associated injury. In such situations, the results of ABG analysis are used to guide therapy; it is conceivable that inappropriate therapeutic decisions might be made if the effects of envenomation were not considered. Similarly, if changes as seen in this case are produced in an active, healthy young

patient, it is reasonable to speculate that worse effects might arise in elderly beachgoers with chronic pulmonary or cardiac disease.

## Summary

A case of bluebottle envenomation is presented in which notable respiratory depression was demonstrated by arterial blood gas analysis. Significant hypoxia and hypercapnea were observed, resolving over several hours without specific treatment. The ABG abnormalities were noted after most of the patient's other symptoms had resolved, suggesting they had been more pronounced earlier. ABG determination is advocated as part of the evaluation of all man-of-war envenomations associated with dyspnea or other cardiorespiratory symptoms, even if other overt manifestations are relatively mild. The need for more data on the clinical management of these cases is discussed.

## REFERENCES

1. Halstead BW: Poisonous and venomous marine animals of the world (revised edition). Darwin Press, Princeton, N.J. 1978.
2. Fisher AA: Atlas of Aquatic Dermatology. Grune & Stratton, New York, N.Y. 1978.
3. Cleland JB and Southcott RV: Injuries to man from marine invertebrates in the Australian region. Commonwealth of Australia, Canberra. 1965, pp. 28-42.
4. Minton SA: Venom diseases. Charles C. Thomas, Springfield, Ill. 1974, pp. 3-16.
5. Keegan HL and MacFarlane WV: Venomous and poisonous animals and noxious plants of the Pacific region. Pergamon Press, New York, N.Y. 1963, pp. 45-61.
6. Southcott RV: Tropical jellyfish and other marine stings. *Milit Med* 124: 569-579, 1959.
7. Ioannides G and Davis JH: Portuguese man-of-war stinging. *Arch Derm* 91: 488-491, 1965.
8. Sims JK: Dangerous marine life, Medical Grand Rounds, University of Hawaii School of Medicine and Queen's Medical Center. May 1979.
9. Russell FE: Comparative pharmacology of some animal toxins. *Federation Proceedings* 26: 1206-1224, 1967.
10. Lane CE: Toxins of marine origin. *Ann Rev Pharmacol* 8:409-425, 1968.
11. Lane CE: Pharmacologic action of *Physalia* toxin. *Federation Proceedings* 26:1225-1226, 1967.
12. Arnold HL: Portuguese man-of-war ("bluebottle") stings: treatment with papain. *Straub Clin Proceed* 37:30-33, 1971.
13. Loder JS: Treatment of jellyfish stings. *JAMA* 226:1228, 1973.
14. Nagashima H, Karamanian A, Malovany R, et al: Respiratory and circulatory effects of intravenous butorphanol and morphine. *Clin Pharmacol Ther* 16:738-745, 1976.
15. Kallos T and Caruso FS: Respiratory effects of butorphanol and pethidine. *Anesthesia* 34:633-637, 1979.

WATCH FOR  
MODEL UNIT

EXCELLENT  
FINANCING

# SOLAR POWER



**CRYSTAL PARK 49 one and two bedroom leasehold condominium residences.**

- SOLAR WATER HEATING
- HEAT PUMP BACK-UP
- HEAT REFLECTIVE GLASS
- LOW MAINTENANCE FEES



**A CRYSTAL PARK CORPORATION DEVELOPMENT**  
**Exclusive Sales Agent**



**942-3702**  
**COURTESY TO BROKERS**



# easy to take

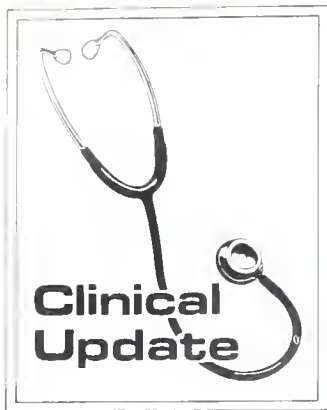


**Keflex®**  
**cephalexin**

Additional information available  
to the profession on request.



**Dista Products Company**  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46285  
Mfd. by Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630



## Monoclonal Antibodies From "Hybridomas": Clinical Significance

By Jeffrey M. Nakamura, M.D.\*

The flurry of activity during the 1960s, following the seminal discoveries of Watson and Crick of the structure and function of DNA, was followed by a period in the early and mid-'70s of seeming inactivity. However, it was in this era that ideas and techniques were being developed for a major assault on the exact structure and regulation of mammalian genes.

The culmination of this work is the cloning of human genes to obtain their protein products.

Two immunologists, Cesar Milstein and Georges Kohler, were working in collaboration in Cambridge, England, and Basel, Switzerland. They had succeeded in isolating a cell line from a mouse myeloma that had the properties of being immortal and of growing under certain stringent culture conditions. They then asked two key questions:

(1) Is it possible to fuse cells from the immortal cell line with antibody producing cells from an immunized mouse?

(2) Do the fused cells continue to produce antibody?

The answer to both of these questions was yes. Using either Sendai virus or polyethylene glycol, it is possible to fuse cells from a myeloma cell line with immunized spleen cells. With appropriate culture conditions, one may select for the survival of the fused cells. Remarkably, some of the fused cells retain the ability to synthesize antibody. By cloning of the antibody-producing hybrid cells (through a series of diluting experiments), cell lines capable of producing antibody directed against a single antigen are obtained. The entire process is referred to as the production of monoclonal antibodies by "hybridomas."

The clinical promise of this process is the availability of an essentially limitless supply of antibody directed against a single antigenic determinant. Antibodies are useful in all of the current applications using antisera derived from ani-

mals, i.e. radioimmunoassays, antibody identification, and purification of antigens.

It seems clear that monoclonal antibodies will be important in clinical medicine, as highly specific and relatively low cost diagnostic reagents to characterize antibiotics, drugs, bacteria, viruses, and human cells. They may serve to define antigenic determinants because of their high specificity. While the diagnostic utility of such determinants seems clear, their utility in therapeutic settings is less assured.

Several problems remain in the use of these reagents in humans. The most obvious application would be to utilize this technique to generate antibodies against cancer cell determinants and then to treat people with the antibodies. While this may seem simple in design, it turns out that nature is not terribly cooperative. Unfortunately, there are no unique antigens expressed on cells in human malignancy. There may, however, be quantitative differences which might be potentially exploitable.

The second problem is that the antibodies being made are of mouse origin. The ideal antibody would be the product of a human gene, in order to minimize the possibilities of anaphylaxis or serum sickness. Much work is being done to develop human monoclonal antibodies by growing human myeloma cells to establish human cell lines and by developing better fusion techniques.

These are exciting times for the molecular biologist. The products of his imagination so far have found clinical application in the cloning and production of insulin and human growth hormone. Monoclonal antibodies also will likely play a growing role in the day-to-day care of patients — certainly diagnostically,

and perhaps therapeutically. It seems somehow comforting that money for the basic research should lead to the development of ideas and techniques that will benefit the quality of man's health and life.

### REFERENCES

1. Monoclonal Antibodies C. Milstein. *Scientific American*, 243: 66-74, 1980.
2. Derivation of Specific Antibody-Producing Tissue Culture and Tumor Lines by Cell Fusion. G. Kohler and C. Milstein. *European Journal of Immunology*, 6:511-519, 1976.
3. Lymphocyte Hybridomas. Edited by F. Melchers, Basel M. Potter and N. Warner. *Current Topics in Microbiology and Immunology*, 81, 1978.
4. Hybrid Myeloma Monoclonal Antibodies Against MHC Products. Edited by Goran Moller. *Immunological Reviews*, 47, 1979.
5. Monoclonal Antibodies and Cell Surface Antigens. C. Milstein, G. Galfre, D.S. Secher and T. Springer in Ciba Foundation Symposia, No. 66, 251-276; 1979.

### Thought for the Day

The horse and mule live 30 years,  
And nothing know of wine and beers;  
The goat and sheep at 20 die,  
And never taste of Scotch or Rye.  
The cow drinks water by the ton,  
And at 18 is mostly done.  
The dog at 15 cashes in,  
Without the sip of rum or gin.  
The cat in milk and water soaks,  
And then in 12 short years it croaks.  
The modest, sober, bone-dry hen  
Lays eggs for nogs, then dies at 10.  
All animals are strictly dry;  
They sinless live, and swiftly die.  
But sinful, ginful, rum-soaked men  
Survive for three score years and ten.  
And some of us, the mighty few,  
Keep drinkin' till we're 92.

(Our thanks to David Gallaher, MD, ophthalmologist from Appleton, Wis., for this very oldie — but very goodie. — ED.)



"Whenever I have the urge to get married, I come here until it passes."

\*From the Department of Medicine, John A. Burns School of Medicine, University of Hawaii.





## Over the Editor's Desk

Harry L. Arnold Jr., M.D.

American creativity is exemplified in the 25th annual edition of Chases' Calendar of Annual Events, available for \$12.95, from Apple Tree Press, P.O. (is there any other kind?) Box 1012, Flint, Mich. 48501; it contains over 4,000 special events to celebrate or observe during 1982. If you have it, you won't miss Dried Fig Week!

\* \* \*

*CAT scanning is being edged off the stage by NMR — nuclear magnetic resonance — scanning, which is so good it has already conned an English physicist into making that age-old doom/gloom remark that we've "gone about as far as we can go." It has an interesting incidental effect: visitors walking by it have had the magnetic strip on their credit cards erased. It may be "the last possible window into the body," said William S. Moore, a Nottingham, England, physicist.*

\* \* \*

A free Collection Service Portfolio is available on request from Control-o-fax at 3070 West Airline Highway, Box 778, Waterloo, Iowa 50704. It's supposed to improve collections without wasting office time or alienating patients.

\* \* \*

*Computers and Medicine, a 10-year-old monthly newsletter for physicians using computers, is available for \$24 a year; write Box 36, Glencoe, Ill. 60022. It is now independent of the AMA, but Milton Golin still edits it.*

\* \* \*

Significant advances in medicine in 1981 were listed by Jim Sammons, M.D., AMA's executive vice president, as follows: PET scanners, hepatitis B vaccine, lytic enzyme therapy, hybridoma technology for making monoclonal antibodies, microsurgery for tiny brain vessels, electrostimulation to speed bone healing, surgery in utero, calcium antagonists, beta-lactam antibiotics for gram-negative organisms, and new beta blockers.

\* \* \*

*The 14th World Congress on Diseases of the Chest and the 48th annual scientific session of the American College of Chest Physicians will be held together in Toronto, Canada, October 10-15, 1982, at the*

*Sheraton Centre Hotel there. Dale E. Braddy at 911 Busse Highway, Park Ridge, Ill. 60068, is the man to write.*

\* \* \*

Need to replace your old surgical laser? Merrimack Laboratories, at 34 Tower St., Hudson, Mass. 01749, has a compact model featuring variable spot size, called the ML 820, for \$24,500.

\* \* \*

*Alphagenics is a videotape program which soothes and relaxes patients who are tense because of imminent surgery or for other reasons. Seymour Malkin, at 651 Colonial Blvd., Washington (Westwood PO), N.J. 07675, can tell you all about it, and would like to. It might be just the thing in hospitals with TV already in the rooms.*

\* \* \*

"Current Nutritional Issues in Hypertension," a series of articles on the relation of diet to high blood pressure, appeared in the January issue of the Journal of the American Dietetic Association.

\* \* \*

*Eight new regional offices have been established by the Commission on Professional and Hospital Activities, which has been working on the improvement of patient care, out of its head office in Ann Arbor, Mich., since 1955. One is in San Francisco. Write to Box 1809, Ann Arbor, Mich. 48106, if you're interested.*

\* \* \*

A World Symposium on Abestos was held in Montreal, Canada, May 24-27, 1982. Write to their general secretariat at 84 de Bresoles St., Old Montreal, Quebec, Canada, for information or reprints.

\* \* \*

*A 10-pound portable solid-state single-channel EKG unit, EZone, is announced by Brentwood Instruments, 24050 Madison St., Suite 202, Torrance, Calif. 90505. Sounds good!*

\* \* \*

Three new dermatology books which should prove invaluable to internists, family practitioners, and pediatricians especially, are announced by W.B. Saunders Co.: "Photosensitivity Disease," by Leonard C. Harber and David R. Bickers, the long-awaited second edition of Irwin Braverman's authoritative and comprehensive "Skin Signs of Systemic Disease," and the even longer-awaited 7th edition of Andrews' "Diseases of the Skin," rewritten by Anthony Domonkos, Harry Arnold, and Richard Odom.

\* \* \*

*The often scary and overly inclusive "patient package inserts" are about to have an available alternative in the AMA's new Pa-*

*tient Medication Instructions program: printed information leaflets for distribution to patients by their physicians. Initially it will cover 200 widely used drugs.*

\* \* \*

Vertical laminar air flow hoods may be important for the protection of personnel handling and preparing a variety of anticancer drugs, according to a recent study at M.D. Anderson Hospital. Neither masks nor gloves afforded protection — as measured by Ames (bacterial mutation) tests on workers' urine samples — but the vertical air flow hoods resulted in negative Ames tests in all workers.

\* \* \*

*Changing blood type B to blood type O by the action of alpha galactosidase from coffee beans was accomplished by Jack Goldstein of the New York Blood Center, as reported in the January 1 issue of JAMA.*

\* \* \*

Nitroglycerine for intravenous use has been approved by the FDA for marketing by Marion Laboratories. They're the same people who make Nitro-Bid.

\* \* \*

*Nitroglycerine also can be given through the skin at a controlled rate by using Key Pharmaceuticals' Nitro-Dur, an adhesive bandage for application to the chest or upper arm once a day. Ask your pharmacist about it.*

\* \* \*

On April 6, 1982, the AMA's new Washington office building was dedicated. It will also house the American Society of Internal Medicine, the American Academy of Ophthalmology, the American Council of Otolaryngology, the American Association for the Advancement of Science (the "triple-As"), and the College of American Pathologists.

\* \* \*

*Write to the Department of Health Care Financing and Organization of the AMA at 535 N. Dearborn St., Chicago, Ill. 60610, for a copy of a new brochure reflecting 1981 changes in the Medicare law. Write quickly, before it's out of date!*

\* \* \*

An accessory system for the Varian 5000 Series Liquid Chromatograph, called the Post Column Reactor System, for rapid, sensitive, selective quantitation of primary amines, is announced by Varian Instrument Group, 611 Hansen Way, Palo Alto, Calif. 94303.

\* \* \*

*A new instrument for rapid introduction of medication through an in-place endotracheal tube, called n-doMED, is announced by Ackrad Laboratories, 632 South Ave.,*

Garwood, N.J. 07027. Write to William Stevens at that address.

\* \* \*

Red Dot Monitoring Electrodes, only 6 cm in diameter, with "breathable" backing, excellent adhesion, and a low-chloride gel, is now available from 3M, Dept. ME-81-38, Box 3360, St. Paul, Minn. 55133.

\* \* \*

*A new AMA stylebook for authors and editors, a guide to editorial style and manuscript preparation, may be bought for \$8.50 (\$7.25 each for 6 or more) from Lange Publications, Drawer L, Los Altos, Calif. 94022. If you write, you need it.*

\* \* \*

For \$45 (\$90 to institutions) you can buy the new ISI Atlas of Science, and read all about the most recent research in over 100 life sciences: who's doing it and what they are learning and publishing. Biochemistry and molecular biology are the principal broad fields covered so far. Researchers can hardly afford not to have it available. Write to the Institute for Scientific Information (ISI) at 3501 Market St., Philadelphia, Pa. 19102.

\* \* \*

*A lightweight portable patient-operated low-back traction unit, the Cottrell 90/90 Backtrac system, was announced last month by Lossing Orthopedic, 2217 Nicollet Avenue South, Minneapolis, Minn.*

\* \* \*

Pfizer announces FDA approval for Procardia (nifedipine), an important new oral calcium channel blocker for the treatment of angina pectoris.

\* \* \*

*The 1982 spring session of the American Academy of Pediatrics was held in Ho-*

*nolulu March 20-25, 1982. A wide range of topics were covered.*

\* \* \*

On the national legislative scene, it seems likely that Medicare, Medicaid, the Federal Trade Commission, PSRO, and health "planning" will have their sails trimmed more or less substantially. The FDA may be feeling the winds of change already; witness their approval of two drugs, last October, on the basis of European studies alone — something they should have been doing five years ago.

\* \* \*

*Desyrel (trazodone hydrochloride), Mead Johnson's new antidepressant, is now approved and will be available shortly; it's chemically unrelated to existing antidepressants and is said to have very few troublesome side effects.*

\* \* \*

Aloysius Cuyjet, a Newark cardiologist, worked as an RN in a 12-bed intensive care unit and was enormously impressed with how knowledgeable nurses are and how hard they have to work.

\* \* \*

*Despite educational campaigns advising patients to ask for generic drugs, only about a fourth of 600 adults (out of 1,005 surveyed) who had had a prescription filled in the past 6 months had asked for generic drugs or purchased them. The report is in the January 1 issue of American Medical News.*

\* \* \*

"Three drops in r ear," the signetur on a prescription for Lidosporin (the period after "r" was omitted by the doctor) resulted in the patient getting the medicine

rectally. American Medical News reported. Watch those abbreviations!

\* \* \*

*Large-size electroconductive gel pads for use on cardiac defibrillator paddles are now available from 3M's Medical Products Division, Dept. ME81-50, Box 33600, St. Paul, Minn. 55133.*

\* \* \*

Abbott Laboratories has just announced its new Gastrin RIA, a radioimmunoassay for determining the exact level of gastrin in serum. It comes in 50 and 100-test-size kits. Roy Bevington, at (312) 947-5454, can tell you all about it, or supply it.

\* \* \*

*The risk that conception will be delayed 13 months or longer after contraception is stopped has been found in one study to be well over twice as great for birth control pills as for other contraceptive methods: about 25% as against 10.6%. Read the details in February 5 issue of JAMA.*

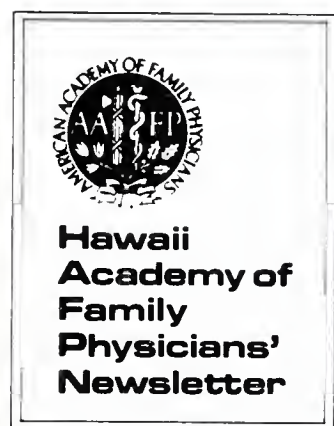
\* \* \*

CardioZyme PLUS CK-MB is the trademarked name of a new, rapid, high-sensitivity assay for managing cardiac patients, being marketed by the Harleco Division of EM Industries, Inc. It suppresses MM units in human serum along with the M monomer in the MB subunit, and if you don't understand that, you probably wouldn't be interested. Write to Harleco, 480 Democrat Rd., Gibbstown, N.J. 08027.

\* \* \*

*A bipartisan bill to repeal the National Health Planning and Resources Development Act has been introduced by Representatives Richard Shelby (D-Ala) and Edward Madigan (R-Ill) on the ground that the Act has resulted not in planning but in overregulation.*

◇



Don and Marlies Farrell

Evelyn Rider is our newest student member, a sophomore . . . Congratulations to the following members who were re-elected to active membership on the basis of having completed at least 150 CME hours during the past three years: Doris Jasinski, James Marnie, Arch Wigle and Larry Wong.

Glen and Margo Stahl are the parents

of a baby girl, Shaina, their first child. About 200 of Varian Sloan's patients and friends wished him well on the occasion of his retirement as they met at a church supper, honoring him for his many years of dedicated service. Aloha to Varian and Erna . . . and also to Edward Underwood of Maui who retired recently . . . Attending the States' Officers' Conference in Kansas City in late April were Lily Ning, Don and Marlies Farrell. They attended workshops on education and legislation and had the opportunity to meet with headquarters staff and colleagues from other chapters . . . Joe Hennessey has joined Arch Wigle in his Big Island practice.

At a recent Council Meeting new HAFP President Nathan Wong appointed the following committee chairmen: By-laws—J.I. Fred Reppun; Education—John Aoki; Health Care Services—Lincoln Luke; Finance—Don Farrell; Legislation—Tom Cahill.

Time to begin thinking about the AAFP 1982 meeting in San Francisco. Don Farrell is a candidate for the Board of Directors of AAFP. Our chapter will be sponsoring a hospitality suite during the Congress of Delegates which meets the weekend preceding the scientific session. This will be our chance to bring Hawaii to all the other chapters of AAFP and really boost Don's campaign. We would like as many members and spouses as possible to be there.

Hospitality suites are usually sponsored by all chapters who have candidates for national office. They afford delegates a chance to meet and talk with the candidate in a pleasant social setting, sort of on his "home turf," among supporters from his own state.

If you will be able to attend the meeting early this year, your participation will be much appreciated. Make travel arrangements through Marlies at 235-3115.

◇



# More than a wise investment on a neighbor island, Maui Uplands is A DOWN-TO-EARTH UPCOUNTRY LIFESTYLE



## Fee simple fully-improved half-acre homesites

The Maui Uplands is located at the 1,500 foot contour in upcountry Maui. Your property is an improved homesite, minimum half-acre in size, in one of the most beautiful places on earth.

Here on the northwestern slopes of Haleakala, you are surrounded by a panorama of such magnificence, you seem enveloped by the world itself. The land slopes gently towards the sea. It is undulating terrain, and the perspective changes constantly. The views unroll like a green and gold carpet towards Kihei, the West Maui Mountains, Kahului and Paia.

## One of Maui's most spectacular settings

There are already over 1,500 families living within a few miles of the Maui Uplands. Less than a mile to the southwest is the new Pukalani Shopping Center with a Foodland Supermarket, drugstore and restaurants. A post office is less than a mile away as are branches of First Hawaiian Bank and Bank of Hawaii.

It's only a short bicycle ride to the Eddie Tam Recreational Center. A new school is going up nearby that will handle grades 7 through 9.

And just two miles down the road is the legendary Paniolo town of Makawao where some of the stores still feature hitching posts out front. Upcountry is well known as ranching and horse country.

This is a wonderful place to raise a family. Many parents live here and commute to work in nearby Kahului and even Lahaina.

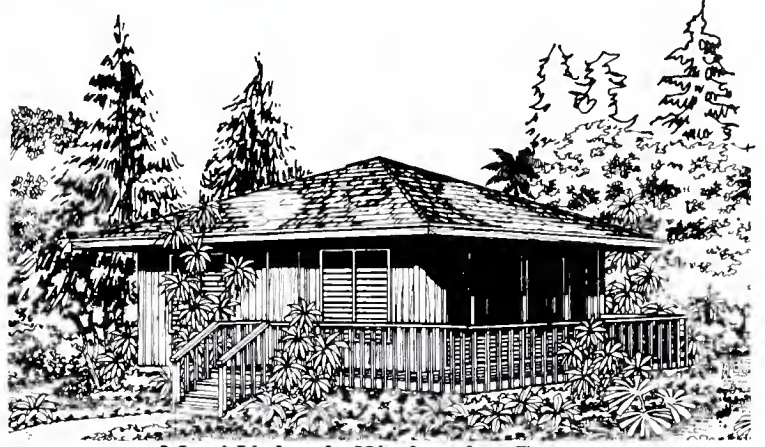
## Visit Maui Uplands during your vacation

If you are planning to travel to the Neighbor Islands soon, whether it's for a weekend getaway or a leisurely vacation, make sure you include a visit to Maui Uplands.

A representative of Amaral\*Cole, Realtors, our Maui Sales Agent, can make your trip a truly memorable experience.

From a personally-guided tour of the undulating terrain, its breathtaking vistas and newly completed model homes . . . to a private screening of a colorful, informative multi-media tour of Upcountry Maui and the Maui Uplands, your visit will be filled with the down-to-earth magic of the Upcountry.

To schedule your own personal visit, call Amaral\* Cole, Realtors at 1-808-877-7676.



Maui Uplands Weekender Cottage

## Rapid conversion to income-producing rentals

Minimum lot size at the Maui Uplands is half an acre. This is ample for two homes, and the covenants governing development allow you to build the smaller, "guest house" first.

This is the ideal size for a young couple, a person seeking a second vacation home, and for the individual who wants to rapidly convert the land into income-producing rental property. This first home can be built at a reasonable cost, with the larger, second home built later as need or demand dictates.

The developer has coordinated for your review the complete design of two innovative "Weekender" cottages under the above concept. You may want to consider a cottage and lot package.

Priced From  
**\$59,500**  
With Attractive  
Developer  
Provided Financing  
Plans

**Maui  
Uplands**

Use this coupon to open the door:

Gentlemen:

Please send me, free of charge, the beautiful, 20-page, full-color Prospectus for the Maui Uplands. I understand that supplies are limited, and I am acting today with sincere interest to secure my copy. If you wish, you can call us direct at 524-4444.

**FREE!**

Clip and mail to: **STAPLETON**  
ASSOCIATES LTD  
841 Bishop Street, Suite 2121  
Honolulu, Hawaii 96813  
Attention: Maui Uplands

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Maui  
Uplands

HMJ7/82 If on Maui, call Amaral\* Cole, Realtors at 877-7676.



# Seaweed Itch on Windward Oahu

Mary Serdula, M.D., M.P.H., Giovanni Bartolini,  
Richard E. Moore, John Gooch, D.V.M. and Ned Wiebenga, M.D., M.P.H.\*

• During the last two weeks of August 1980, an outbreak of seaweed itch, also known as dermatitis escharotica, occurred among persons who had been swimming on the windward side of Oahu. A total of 86 persons with symptoms were reported to the state Department of Health. Of these, 38 persons were interviewed: 35 (92.1%) described a rash; 3 (7.8%) described swelling of the eyes or face, but no rash. The rash was described as similar to a burn and most commonly involved the genital or perianal area. Initial symptoms usually were burning and erythema, followed by blister formation and deep desquamation. Symptoms were severe enough for 44.7% to call or visit a physician. There was no consistent relationship between severity of symptoms and time in the water, time before showering, and time before removal of swimsuit. Immediate bathing did not guarantee protection, as an earlier report suggested, since a rash developed in persons who had only a short exposure (less than 5 minutes), followed by immediate rinsing. The cyanobacterium, *Lyngbya majuscula*, which was present in the water in large amount as drift material, was shown to be the causative agent of this outbreak. A sample of the blue-green alga was collected at Kailua Beach. Two highly inflammatory substances were isolated and identified as palytoxin and debromoaplytoxin.

On August 18, 1980, the epidemiology branch of the state Department of Health received several telephone calls about an acute vesicular dermatitis occurring among persons swimming on the windward side of Oahu. A group of busmen had taken a holiday at Kalama Beach, and a painful, burning rash had developed in most of the group by the following day. Because of the number of telephone calls and the reported severity of the symptoms, the public was alerted through the news media, and warning signs were posted at the beaches.

Since 1958, similar episodes of seaweed itch, also called *dermatitis escharotica*, have been reported to occur sporadically during the summer months on the windward side of Oahu.<sup>1</sup> The dermatitis is apparently due to contact with the marine blue-green alga, *Lyngbya majuscula* Gomont.<sup>2</sup> (Ed: Escharotic stomatitis was

reported in the HAWAII MEDICAL JOURNAL in 1981.<sup>3</sup>)

## Methods

The hospital emergency room and physicians in the Kailua area were notified and requested to report cases. In addition to reports by physicians, cases were identified by interviews on beaches and by self-reports, especially after the publicity. A case of seaweed itch defined as symptoms of skin or eye irritation within 24 hours after bathing at a windward beach.

Persons afflicted reported to the Health Department and who could be reached by telephone were administered a questionnaire to determine symptoms and potential risk factors, such as depth of water, length of exposure to ocean, time before showering, time in swimsuit, and use of soap in the shower. A special effort was made to interview all persons who attended the busmen's picnic, since these persons had all experienced a common exposure.

Samples of *Lyngbya majuscula* were collected for laboratory investigation.

## Results

In all, 86 persons were reported to the Department of Health; all exposures occurred between August 13 to August 26 in the Kailua, Kalama, and Pilapu beach areas. Residents of these areas reported that cases had occurred beginning in late July, but this could not be confirmed by interview since names of the affected persons were unknown. Information was collected on 44 exposed persons: 35 described rash, 3 had symptoms but no rash, and 6 had no symptoms. Persons with symptoms ranged in age from 4½ months to 50 years.

The rash was noticed between 4 to 20 hours after the swimmers had first entered the water. Most persons noticed symptoms either in the evening after they swam or when they arose the following morning. The rash was described as similar to a burn. Initial symptoms were burning and erythema, usually followed by blister formation and deep desquamation; almost all persons with rash had blister formation (31/35). The average duration of rash was 5.4 days (range 2-12 days). The rash was usually concentrated in the genital and perianal area. Of the 35

rash cases, 33 (94.3%) had either genital involvement (11), perianal involvement (2) or both (20). In men with genital involvement, swelling of the scrotum was common. In addition, 5 persons had either swollen eyes or rash on the neck, back, shoulders, or legs. Only 2 persons with rash had no involvement of the genital or perianal area; both had a vesicular rash on the neck; 1 also had swollen eyes.

In addition to persons who had rash symptoms, 3 persons had symptoms but no rash. Two had swollen eyes for 1-2 days, and 1 had a puffy face.

Symptoms were of sufficient severity that 44.7% (17/38) of those afflicted either called or visited a physician. Two persons missed work (6 and 7 days), and 1 child missed 5 days of preschool. Nearly all persons treated their condition; a variety of therapies was used, including benadryl, neosporin, cortisone creams, and aloe. One couple was treated for a yeast infection, and another woman was told she might have an arteritis.

Nearly all persons had swum in water that was at least waist deep. One person had symptoms after wading in knee-deep water, and another after paddling a kayak. Symptoms occurred in persons who had bathed in the water for periods ranging from 2 minutes to 4 hours. There was no consistent relationship between severity of symptoms and length of time in the water. Short exposure time and immediate rinsing did not protect against development of symptoms. A 2-minute exposure followed immediately by freshwater rinsing was sufficient time for dermatitis of the scrotum and perianal area to develop in a 4½-month-old infant. In another case, severe dermatitis occurred in a marine biologist who collected seaweed specimens for the Department of Health. Since he was well aware of the risk, he limited his exposure time to 5 minutes in waist-deep water and rinsed off immediately and thoroughly.

Since the persons attending the bus drivers' picnic all shared a known exposure, this group was analyzed separately to determine risk factors such as duration of exposure, etc. Information was collected on 21 of 23 (91.3%) persons who attended the picnic. Of the 20 exposed persons (1 had not entered the water), 15 persons experienced a rash illness and 5 persons had no symptoms (75% attack rate). Of the 15 persons with rash, 7 were men, and 8 women; all of the 5 persons without symptoms were women (Fisher's exact test,  $p = .08$ ). The ill group did not have any significant differences in swimming time, time before swimming, and time before removal of swimsuit (Table 1). Soap was used by only 1 person with rash and by no persons without rash. The number for comparison was small, and final conclusions about the risk factors could not be made.

To determine whether the blue-green alga *Lyngbya majuscula* was responsible for this outbreak, a 1.5 kilogram sample,



which was floating abundantly and either freely or entangled with other seaweeds in waist-deep water, was collected at Kailua Beach on August 26, 1980. The freeze-dried specimen (309 g) was extracted exhaustively with a 1:1 mixture of methylene chloride and isopropyl alcohol to give 4.62 g of a dark gum, which was partitioned between 400 milliliters of hexane and 400 ml of 10% aqueous methanol. The hexane layer was discarded and the water content in the toxic aqueous methanol layer was adjusted to 35% by adding 115 ml of water. Extraction of the 35% aqueous methanol portion with 500 ml of methylene chloride gave 2.29 g of a gum, which was subjected to gel filtration on a column (2.5 cm x 180 cm) of Sephadex LH-20 with 1:1 methylene chloride-isopropanol. The inflammatory activity, which was monitored by a mouse ear test, appeared in a fraction that was eluted between 545 and 745 ml. Further purification of the 1.38 g of material in this fraction was achieved by reverse-phase low pressure liquid chromatography (LC) on a C-18 column (Partisil-10 ODS) with acrylonitrile-water (7:3), followed by LC on a CN column (Bondapak-CN) with 8% ethyl acetate in water; 100 milligrams of debromoaplysiatoxin and 25 mg of aplysiatoxin, two poisonous, inflammatory, and vesicatory substances that were first isolated from the midgut gland of the gastropod mollusk (sea hare) *Stylocheilus longicauda* by Kato and Scheuer at the University of Hawaii<sup>4,5</sup> were obtained. The toxins were identified by comparing the physical properties and spectra, in particular mass and proton nuclear magnetic resonance, directly with those of authentic samples.

Discussion

Large outbreaks of seaweed itch have been described previously. A total of 123 cases were reported from Windward Oahu in 1958; 242 cases were reported from Okinawa in 1968.<sup>1-6</sup> Before seaweed was implicated as the cause of the Okinawa outbreak, chemical discharge from the U.S. military base was most strongly suspected as the causative agent.

Fortunately, major outbreaks are relatively infrequent on Oahu and occur several years apart. Although 86 persons were reported during this outbreak, many more persons were probably affected.

*Lyngbya majuscula*, a cyanobacterium, has been implicated as the cause of the previous outbreaks in both Hawaii and Japan. Initial studies showed that volunteers had a reaction to patch skin tests of the alga.<sup>2</sup> Debromoaplysiatoxin, a toxin extracted from the alga, has been implicated as the causative agent, since it produces a severe inflammatory reaction in humans.<sup>7</sup> The presence of debromoaplysiatoxin has been demonstrated in *L. majuscula* during outbreaks of swimmer's itch at Laie Bay, Oahu, and at Gu-shikawa Beach, Japan.<sup>8,9</sup>

Table 1 Duration of Potential Exposure to Seaweed Busmen's Picnic, Windward Oahu, 1980		
	Cases (N=15)	Non-Cases (N=5)
Time in Ocean	1.1 hours Range: 10 minutes-2½ hours	1.4 hours Range: 30 minutes-2.0 hours
Interval between leaving water and showering	0.6 hour Range: immediate-3 hours	0.7 hour Range: immediate-3 hours
Interval between leaving water and removal of suit	3.1 hours Range: 15 minutes-7 hours	2.6 hours Range: 18 minutes-7.0 hours

Another inflammatory substance, lyngbyatoxin A, which has a completely different chemical structure and is closely related to teleocidin B, a poisonous, highly inflammatory indole alkaloid from the soil fungus *Streptomyces mediterraneus*, is a major constituent of a toxic variety of *L. majuscula* found at Kahala Beach on the leeward side of Oahu.<sup>10</sup> Lyngbyatoxin A, however, has never been found in varieties of the cyanophyte implicated in outbreaks of seaweed itch.

In the current outbreak, the causative agent is clearly a mixture of debromoaplysiatoxin and aplysiatoxin. Aplysiatoxin and debromoaplysiatoxin were first found in the digestive tract of the sea hare, *Stylocheilus longicauda*,<sup>4,5</sup> a mollusk that feeds preferentially on *Lyngbya majuscula*, using the accumulated aplysiatoxins in a defensive secretion. The digestive tract of *S. longicauda* is not affected by the aplysiatoxins, yet less than 10 nanograms of either aplysiatoxin or debromoaplysiatoxin is all that is needed to produce appreciable irritation to a mouse's ear (H. Fujiki and T. Sugimura, National Cancer Center Research Institute, unpublished results).

Since *Lyngbya majuscula* is distributed worldwide, it is unclear why swimmer's itch occurs in only a few places and only at certain times. The toxicity of this alga varies greatly, depending on region, season, and type; the factors causing this variation are unknown. Varieties of *L. majuscula* from Windward Oahu are much less toxic during the winter and spring months. A sudden change in the toxicity and the abundance of drift alga near the windward shoreline (due to either increased growth or uprooting from the ocean depths) are probably responsible for the outbreaks.

In this outbreak, seaweed itch occurred in areas of the body not covered by the swimsuit (legs, neck, etc.) as well as in the genital area and after only brief contact with the ocean. In view of these findings, the question arises if exposure to the toxin could have occurred through contact with toxic lipophilic exudates released by the alga into the water, rather than with the seaweed itself. There was no consistent relationship between swimming time and time before showering and removing swimsuit. Immediate washing

did not guarantee protection, as suggested in an earlier publication,<sup>1</sup> since a rash developed in several persons even after only a short exposure, followed by immediate rinsing. The only guaranteed protection against seaweed itch is to stay out of the water. Although the data suggested that men may be more susceptible to swimmer's itch than women, the difference between sexes approached but did not achieve significance. Further studies with large numbers of people need to be done to confirm the findings of this study and to further elucidate the mechanism of action for the aplysiatoxins. Recent studies indicate that debromoaplysiatoxin is a potent tumor promoter,<sup>11,12</sup> but whether it plays a role in the development of certain human cancers is unknown.

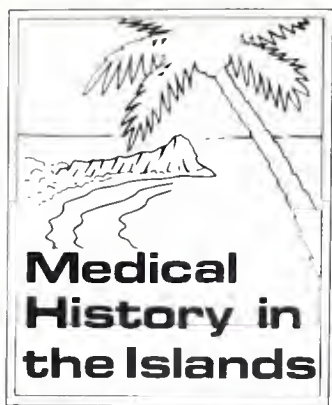
ACKNOWLEDGMENT

This study was supported in part by Grant CA 12623-08, awarded by the National Cancer Institute, Department of Health, Education, and Welfare. Thanks to Nancy Nishimura, Celeste Ibara, Mits Sugi and Jan Newhouse for their assistance.

REFERENCES

1. Graner FH. Dermatitis escharotica caused by a marine alga. *Hawaii Med J.* 19: 32-4, 1959.
2. Banner AH. A dermatitis-producing alga in Hawaii. *Hawaii Med. J.* Preliminary Report 19:35-36, 1959.
3. Sims JK, Zandee van Rilland. Escharotic stomatitis caused by the "Stinging Seaweed" *Microcoleus lyngbyaceus* (formerly *Lyngbya majuscula*). *Hawaii Med. J.* 40: 243-248, 1981.
4. Kato Y, Scheuer PJ. The aplysiatoxins. *Pure Appl. Chem.* 1975; 41:1-14.
5. Kato Y, Scheuer PJ. The aplysiatoxins, reactions with acids and oxidants. *Pure Appl. Chem.* 48:29-33, 1976.
6. Hashimoto Y. Swimmer's itch from marine toxins and other bioactive marine metabolites. Japan Scientific Societies Press, Tokyo, 1979. p. 210-215.
7. Solomon AE, Stoughton RB. Dermatitis from purified sea algae toxin (debromoaplysiatoxin). *Arch Dermatol* 114:1333-1335, 1978.
8. Mynderse JS, Moore RE, Kashiwagi M, et al.: Antileukemic activity in the ocellatoniaceae: isolation of debromoaplysiatoxin from *Lyngbya*. *Science* 196:538-539, 1976.
9. Moore RE: Toxins from marine blue-green algae. Presented at International Conference: The Water Environment, Algal Toxins and Health, June 29-30, 1980; Wright State University, Dayton, Ohio, June 29, July 2, 1980.
10. Cardellina JH II, Marner FJ, Moore RE: Seaweed dermatitis: structure of lyngbyatoxin A. *Science* 204:193-195, 1979.
11. Nakayasu M, Fujiki H, Mori M, Sugimura T, Moore RE: Teleocidin, lyngbyatoxin A and their hydrogenated derivatives, possible tumor promoters, induce terminal differentiation in HL-60 cells. *Cancer Letters* 12:271-277, 1981.
12. Fujiki H, Mori M, Nakayasu M, Terada M, Sugimura T, Moore RE: Indole alkaloids: dihydroteleocidin B, teleocidin, and lyngbyatoxin A as a new class of tumor promoters. *Proc. Natl. Acad. Sci. USA* 1981; in press.





Charles S. Judd Jr., M.D.

## Voluntary Health Insurance Plans

In 1935 social workers and educators at a Territorial Conference of Social Work were concerned about the high cost of medical care in Hawaii. They formulated plans for a Hawaii Medical Service Association.

Three years of survey and study resulted in a proposal that received the endorsement of the medical profession. With a loan from industrial and business leaders, a health plan went into effect on June 1, 1938. Unique to this "blue cross-blue shield" plan were coverage for physician services, and for home and office visits for minor illnesses.

The plan initially offered membership to teachers and social workers. Soon afterwards industrial groups with five or more employees, plus dependents, were included. By 1946, the plan covered residents on all the Neighbor Islands. Physician cooperation manifested itself initially by the doctors' withholding a portion of their fees to ensure a solvent operation.

By 1950, 48,000 members were enrolled; this number rose to 105,000 in 1955, and to 473,500 in 1975. As enrollment and monetary reserves increased, the scope of coverage and benefits, even for chronic conditions, also expanded. Eventually, computerization streamlined the operational aspects of the organization.

### Fee schedule

By 1956, 85 cents out of every dollar paid for medical coverage by members was returned as payment of hospital and physician services. To aid a sound financial basis, HMSA (Hawaii Medical Service Association) requested physicians to abide by a fee schedule. However, not all physicians were willing to do so. Thus, some became "participating," in which HMSA remunerates the doctor directly for services rendered to patients. Others are "non-participating," wherein the plan reimburses the patient and leaves it to the physician to collect his fee from the patient.

In recent years, HMSA, in order to keep abreast of national trends, has been interested in establishing a plan of the HMO (Health Maintenance Organization) type, in which a system of health

care would assure delivery of comprehensive health maintenance and treatment services for a voluntarily enrolled group of persons in a geographical area under a plan of reimbursement by pre-negotiation and fixed period of payment.

HMSA has been the fiscal agent for the Title XIX (Medicaid) program, and its computer services widely used thereby.

The Kaiser Foundation Health Plan began in Hawaii in 1958 with one facility, a hospital on Ala Moana in Waikiki. Rapid growth after a decade resulted in the building or acquisition of 7 additional out-patient facilities, on the Islands of Oahu and Maui, and an increase in enrollment to over 100,000 members.



## Nursing in Hawaii

The first formal reference to a nurse in Hawaii was the praise of Mailehaiwale, "a female nurse," in a Queen's hospital report by a physician in 1872.

The Franciscan sisters arrived in 1883 to nurse the lepers. By 1888, 3 of them were working at Kalaupapa, Molokai, with Father Damien. One of these was Mother Marianne, who spent many years at this isolated settlement and was greatly loved.

America's first trained nurse, Linda Richards, a graduate of the New England hospital, visited Honolulu in 1886 on her way to Japan.

Shortly after this, the Queen's hospital hired 2 nurses, Miss Margaret Carrol, from Presbyterian hospital in New York, and her assistant, Miss Nina Cook, who had trained at Children's hospital in San Francisco. The salary of the latter was \$50 a month, paid in gold.

Their duties were "to wait upon the patients, soothing them and applying their wants, reporting to the doctors and carrying out their orders, do the cleaning of the building, the mending, sewing, and washing of the bedding and the table linen of the hospital and the clothing of the patients." Twenty-four-hour duty was the rule, without relief. Rest and meals were acquired in a sketchy manner. Devotion to patients and loyalty to their profession and the hospital were the watchwords of these early nurses.

A training school for nurses was founded at the Queen's Hospital in 1916, and the first class graduated 3 years later. The classes increased gradually in size until there were as many as 30 graduating each year. As the years progressed, the curriculum became more sophisticated. Many graduates moved on to postgraduate and degree training in mainland hospitals, and eventually fulfilled prominent roles far and wide. By 1956, 796 nurses had graduated from the program. The motto of the school, *Onipaa*, meaning steadfastness, was bestowed by Queen Li-

liuokalani, who awarded the first nurse's pin to the first graduate, Miss Annie Kamanoka. In 1932, Mr. Edward Harkness of New York donated a large sum of money for the building of a nurses' dormitory. This was matched by local funds, and a fine structure erected. After the establishment of a degree-granting curriculum for nurses at the University of Hawaii in 1952, the Queen's Hospital School of Nursing continued for some years, its final class graduating in 1968.

St. Francis hospital opened its nursing school in 1929, and had unique affiliations with St. Louis University hospital in St. Louis, Missouri, in pediatrics, and with St. Vincent's Sanatorium, in St. Louis also, is psychiatry. The school closed its doors in 1966.

Kuakini hospital likewise administered a school of nursing from 1931 to 1955. Nursing students in these 3 Honolulu schools profited from affiliations at Leahi hospital, Kaneohe mental hospital, Kauai-keolani Children's hospital, and Kapiolani maternity hospital for specialized training.

At the present time, the University of Hawaii School of Nursing has affiliations with various hospitals for the training of students both in the B.S. degree-granting 4-year course and in a 2-year program.

In the early part of the 20th century, public health nursing was involved with the problems of the day: tuberculosis, which was the leading cause of death in 1910 (172 deaths per 100,000), maternal and infant mortality, child hygiene, nutrition, social service, immunizations, and quarantine for communicable diseases.

**Mabel Smyth, R.N.**

Public health nurses worked the Board of Health and for Palama Settlement, a community health organization, to accomplish work in these categories. A leading figure in these activities was Mabel L. Smyth, for whom the building, at the corner of Beretania and Punchbowl streets, was later named.

The Hawaii Nurses Association had its beginnings in 1917, and by 1965 had a membership of 915. Over the years, its activities centered on fostering legislation appropriate to nurses, education, patient care, public health nursing, rehabilitation, nutrition, and mental health. It accomplished the founding of loans and scholarships, the establishment of shorter working hours and better salaries, proper licensing for registered nurses and other notable actions. Another nursing group included the Hawaii League for Nursing Education.

Early leading figures in nursing in the islands included Mabel Smyth, Stella Mathews, Julia King, Mabel Wilcox, Jane Service, May Bowron, Thelma Akana Harrison, and Laura Draper.







**We  
offer you  
the best of both worlds.**

Announcing a new insurance program that offers maximum returns for you and your beneficiaries. Under this plan, your premium payments earn high current interest as they provide low cost quality insurance protection. It's the smart, up-to-date way to buy insurance, because... it offers the best of both worlds. \* Interest rate subject to change. Only available in California and Hawaii

For further information on this and other innovative insurance products, fill out and mail this form to Anthony J. Horton CLU, Vice Pres., Marketing, Pacific Union Assurance Company, 2700 Pacific Trade Center, 190 South King Street, Honolulu, Hawaii 96813, or call (808) 524-4515.

name \_\_\_\_\_ phone \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

insurance agent's name \_\_\_\_\_ company \_\_\_\_\_

PACIFIC UNION ASSURANCE COMPANY • 2700 Pacific Trade Center, 190 South King Street, Honolulu, Hawaii 96813



A Member Company of  
American International Group

# Reduce Your \$tress

**Bishop Computer Center's  
new medical accounts  
receivable system takes  
good care of you and  
your patients' accounts.**

CONVENIENT • PRACTICAL • COMPLETE • EFFICIENT

**Special Features Include:**

- No in-office special equipment.
- Can use your present forms.
- Gives you accurate bookkeeping balances.
- Gets your bills paid more promptly.

**In addition, we handle all conversion details from any present system.**

Talk to Marlene Wong at 523-2171.



**Bishop Computer Center**

Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813



**Clinical  
Pathologist's  
Easy Chair**

Francis Fukunaga, M.D.

## Antibiotic Susceptibility Testing

Susceptibility testing is an important guide to antibiotic therapy but should not substitute for good medical judgment. One must remember that bacterial susceptibility *in vivo* depends not only upon *in vitro* results but also on other factors such as the variability of antibiotic absorption, the penetration of the infected body spaces by the antibiotic, etc.

Early susceptibility studies were time-consuming, imprecise, and showed large interlaboratory variation. The Kirby-Bauer method standardized the early chaotic disc diffusion procedures and is now the most widely used susceptibility test.<sup>1</sup> When performed by a skilled technologist, there is good reproducibility, but not necessarily accuracy. The Kirby-Bauer method can be used only for rapidly growing bacteria (such as the Enterobacteriaceae and Staphylococci) for which an endpoint can be reached within 18 to 24 hours. It cannot be used for slow growing organisms, obligate anaerobes, and capnophiles. A standardized disc is placed on a plate planted with a standardized concentration of bacteria and incubated for 18 to 24 hours.

A zone diameter of susceptibility is established for each drug, based upon the relationship between the minimal inhibitory concentration and drug levels achievable in serum. Each disc has a corresponding minimum zone of inhibition of bacterial growth, which correlates with sensitivity or resistance to the antibiotic. The zone is reported as "S" (sensitive), "I" (intermediate), or "R" (resistant). A report of "S" means the organism will be killed by a standard dose of the antibiotic given by the usual route, usually oral; "I" means a higher dose than usual is required; and "R" means the organism will not be killed at the standard dose and route. The "S" and "R" reports are good guides when the organism is very susceptible or very resistant, but may be misleading in cases of moderate susceptibility and resistance.

The Kirby-Bauer procedure is based on the achievable antibiotic concentration in serum, and is, in general, meaningless for infections of the urine, bile, CSF and body cavity fluids. Drugs

## CLASSIFIED NOTICES

### EMPLOYMENT OPPORTUNITIES

HAWAIIAN ISLANDS-EMERGENCY MEDICINE PHYSICIANS sought for part-time and possible full-time coverage. Excellent income, flexible scheduling and paid malpractice insurance provided. For details call or write in confidence to Ms. Billie Warren, 606 Wilshire Boulevard, Suite 504, Santa Monica, CA 90401; (213) 451-5481 (collect).

### NOTICES & ANNOUNCEMENTS

#### LOCUM TENENS COVERAGE

Available for family practice, internal & emergency medicine. Call 833-2416.

Building a new home or major home improvement is excessive & costly. We coordinate planning, purchasing & construction on behalf of the home-owner to save & cut costs. Free initial consultation. 737-7197 Richard or Walter.

### OFFICES

#### WAHIAWA AREA

Ideal for the professionals. New 2 story, elevator equipped, air conditioned with covered parking area. Flexible suite sizes avail. at 80¢ to \$1.00 NNN. Call 622-4354.

**kōkua**  
to help, assist, support

## Kokua Nurses and Para Professionals

is a medical staff relief  
agency committed to:

- CAREFUL SCREENING
- ON-SITE ORIENTATION
- PERFORMANCE MONITORING
- EMPLOYER SATISFACTION

### NURSES - 536-2326

R.N.'s, L.P.N.'s, Nurse Aides

### PARA PROFESSIONALS 531-7251

Medical Technologists and  
Laboratory Technicians, Radiologic  
Technologists, Respiratory  
Therapists, Physical &  
Occupational Therapists

*Founded in Hawaii . . .  
Serving all Hawaii*

1210 Auahi St., #223  
Honolulu, HI 96814



cleared by the kidneys are in higher concentrations in the urine than in serum, and organisms resistant to standard doses in systemic infections may be sensitive in the urine. Disc diffusion methods are often inaccurate for many organism-drug combinations.

Some drugs, such as methenamine mandelate and the sulfas, cannot be tested on meningococci. Even a variation of the cation content of the agar can cause misleading testing of aminoglycosides and the tetracyclines. Direct testing of clinical material should not be done because errors are common, due to difficulties in standardization and will lead to erroneous interpretations.

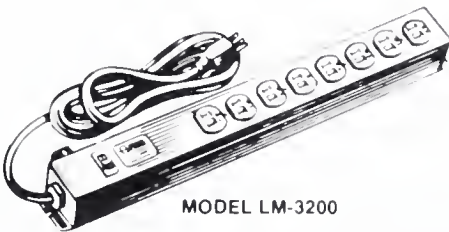
Sensitivity studies for anaerobes are not done routinely because of technical problems, lack of standardization, and because they are not helpful in most cases due to mixed infections, and the relative importance of the organisms involved is not known. There also is no good method to test for combination antibiotic therapy.

There are two basic types of automated susceptibility testing: The API and AMS Vitek systems that require overnight incubation, and the FDA-approved Autobac and Abbott MS-2 systems that require 3- to 6-hour incubations. A photometrically standardized concentration of the organism is incubated with the antibiotic, and the extent of bacterial growth is determined by the light-scattering index. There is over 95% agreement with reference dilution and diffusion methods. The advantages of automated susceptibility testing over manual methods include greater precision, objective endpoints, greater sensitivity of reading, cost reduction, cost reduction in large test volumes, and the possibility of direct computer interfacing.

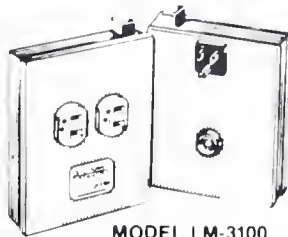
Minimum inhibitory concentration (MIC) is the lowest concentration of the antibiotic that can inhibit the *in vitro* growth of a microorganism. Instead of the "S-I-R" report of the disc diffusion methods, the MIC is reported in mcg per ml. The interpretation of this information is based on the *in-vivo* antibiotic concentration achieved, which varies with the dose, route of administration, site of infection, size of the patient, etc. The blood levels achieved vary with the route of administration: e.g., the peak level for oral penicillin is 1.5 to 4 g per ml for IM and 20 to 80 g per ml for IV administration and the urine level is over 300 g per ml. To be effective, the serum antibiotic level should be at least 2 to 4 times the MIC.

Like the early disc diffusion methods, the earlier MIC procedures were imprecise and showed poor interlaboratory correlation, but this problem has improved with the use of commercial prepared material.<sup>2</sup> The primary indication of the MIC determination is to obtain quantitative results of susceptibility tests. The disc diffusion method is only qualitative or at most semiquantitative, al-

# THE SOLUTION



MODEL LM-3200



MODEL LM-3100

## TO ELECTRICAL POLLUTION IN YOUR ELECTRONIC EQUIPMENT

Your electricity is filled with power surges, voltage spikes and noise interference that can cause premature circuit failure, data loss and incorrect readings.

Power Master® Line Monitor Power Conditioners from SGL WABER filter out electrical pollution and protect your data and equipment. Fast reaction time, high energy handling capability and built-in reliability for the life of your equipment. Ready to use—just plug in. Available in 8 different models. (Rated 125VAC/15A)

### IDEAL USES:

- electronic cash registers
- word processors
- electronic scales
- electronic typewriters

- small business computers
- laboratory test equipment
- security systems
- independent telephone systems
- broadcast equipment

- cable TV systems
- photocopiers
- medical electronic equipment

Sold in Hawaii Only By



CALL: Honolulu 833-0200 • Maui 871-8645 • Hilo 935-6818

Note: If you need spike and noise protection plus voltage regulation, ask about the MINIGARD™ by Jefferson Electric.



# PEQEX

## NEW & RECONDITIONED MEDICAL EQUIPMENT FOR SALE

- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT



PHYSICIAN'S EQUIPMENT EXCHANGE, INC.  
866 IWILEI RD., 207/HONOLULU, HI 96817

**537-2724**

## If you do business in Hawaii . . .

we have something for everyone in business and the professions. Straight news, features, penetrating columns, public record data,

personalities, even a bit of humor.



PACIFIC  
BUSINESS  
NEWS

**. . . we have  
news for you**

For information call 521-0021.



though usually adequate as a guide to therapy of most infections by rapid growth bacteria. A quantitative method is needed when the drug dosage schedule must be monitored, and also when the disc method is not applicable, equivocal, or unreliable, as with slow-growing bacteria and those in the intermediate group when a potentially toxic antibiotic is used. The minimum bacteriocidal concentration (MBC) is determined by culturing the MIC broths; even when the organism appears susceptible by the MIC procedure, there may be growth. The MBC, therefore, may be very high when the MIC is low.

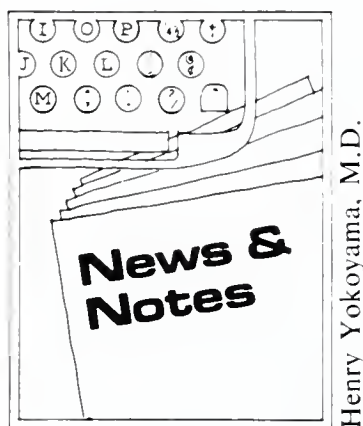
The advantages of the MIC procedure over disc diffusion methods are: the results are quantitative and can provide a guide to antibiotic dosage within broad limits; it is essentially not influenced by growth rates and not influenced by diffusion properties of the antibiotic. However, the MIC cannot be considered a precise reproduction of *in vivo* conditions. There may be complicating factors such as protein binding of the antibiotic and interaction with the immune system. The

endpoint for sulfa and trimethoprim may be obscured because the organism may go through several generations before inhibition; and the MIC may be misleadingly low for gentamicin and tobramycin.

The Autobac has an MIC system that can produce results after 5 hours' incubation. It has been developed for 4 major groups of bacteria: Staphylococcus, Enterococci, Enterobacteriaceae, and the Pseudomonas/Acinetobacter species. There is high agreement (more than 95%) with broth dilution methods, but much better interlab and intralab precision than with broth dilutions and with faster results. The disadvantages, as with other broth dilution methods, is that one cannot be absolutely certain a pure culture is being tested without the simultaneous streaking of a plate.

#### REFERENCES

1. Bauer AW et al: Antibiotic susceptibility testing by a standardized single disc method. *Amer J Clin Path* 45:493-496, 1966.
2. Jones RJ et al: Evaluation of the seceptor micro-dilution antibiotic susceptibility testing system: a collaborative investigation. *J Clin Microbiol* 13:184-194, 1981.



## Conference Dialogue

A 45-year-old Japanese man who had a coronary bypass in 1980 had rectal bleeding for 3 months which he supposed was from his hemorrhoids. A BE was done, and radiologist **Dave Sakuda** described a 5 cm "apple core" lesion 22 cm from the anal verge. Moderator **Glenn Kokame** asked, "When you've seen an apple core like this, how long would you say he had the lesion?" Dave replied: "At least 2 or 3 years." The patient had a sigmoid-colectomy, and pathologist **Larry McCarthy** described the lesion as Duke's Type C, with at least 2 to 6 positive nodes. Fellow pathologist **Grant Stemmerman** asked, "What were his pre-op hematocrit and cholesterol levels?" Larry: "If he is one of those low cholesterol types, why did he have a coronary bypass?" Grant: "I recently analyzed all cases of low cholesterol associated with low hematocrit and found a good correlation with advanced colon tumor. The relationship of low cholesterol is with rt. colon, rather than with lt. colon carcinoma . . ."

Glenn asked: "What parameters can

we use to follow these cases?"

Larry: "If CEA was elevated before surgery and dropped post-op, CEA levels can be used to monitor." Glenn: "What percentage will reflect the rise?" Larry: "50 to 60% will show elevation . . ." Glenn: "Any false positives?" Larry: "Oh, yeah . . . And also with heavy smoking . . ."

**Carl Boyer** was curious: "When you surgeons operate on the belly, do you feel compelled to remove the appendix?" Surgeon **Bill Morioka**: "There is a certain incidence of post-op appendicitis to complicate the post-op course . . . Surgeon **Roy Tanoue**: "If the appendix is small and fibrotic, we leave it alone . . ." Bill added, "There may even be a blow-out of the appendiceal stump . . ." Roy asked the pathologists about the significance of signetring cells found in the slide . . . Grant: "About 2% of large bowel tumors are of the signet ring type. It has the same poor prognosis as signet ring tumors from gastric cancer . . ."

Larry asked: "What should we do for screening . . . Here's a 45-year-old with at least a 3-year-old lesion?" Moderator Glenn asked the radiologist: "David, are there any good mass screening techniques?" David: "Barium enema with a good air contrast is excellent screening . . . A good BE is good for 3 years . . . In any high risk situation, I would recommend a BE every 3 years. You can't do this with colonoscopy . . . Colon Ca is usually in association with polypoid lesions and we can pick them up at even 2 to 3 cm sizes . . ." Someone brought up guaiac tests . . . Grant: "62% of autopsy cases have colon adenomas. And 7% of those over age 65 have unsuspected carcinoma. The cost effectiveness with posi-

tive guaiacs would be 11.5 million dollars for each colon carcinoma found in this population. A high risk patient is one with a family history of cancer, e.g., the sisters have breast Ca, etc. . . . I'm waiting for a CEA-like test for screening . . ." Larry muttered in retrospect: "Sigmoidoscopy every 3 years after age 40 if the patient is in a high risk category . . ."

## Sportsmen

Golfers? **Jim Navin's** hole-in-2 . . . Jim was playing the Mid Pac 8th hole one December Thursday afternoon. His drive sliced perfectly into the row of kiawe trees on the right . . . (This is quite a phenomenon since Jim's usual drive is a duck hook . . .) Jim, the optimist, could see open patches between the kiawe branches . . . Jim, the daring, took careful aim for the open patches and hit a perfect 4 wood . . . But the ball was not seen to sail through the open spaces . . . In fact no one saw where it had strayed . . .

Jim and his foursome searched and searched . . . Finally Jim spied his errant ball, neatly embedded in a hole in one of the tree trunks . . . Hence the story of Jim's epochal Hole-in-2 . . .

Skin Divers . . . Our apologies for this late report . . . **Ray Fujikami**, skin diving with **Tom Frissell** one October Sunday morning off Waimanalo, speared a 10-pound pao pao ulua . . . Editor's Note: We would appreciate any information about your own or other's exploits, achievements, or events . . .

## Conference Humor. . .

Urologist **John Edwards** lectured on GU trauma at a KMC surgical conference and used Netter slides for visual aid. When he came to urethral injuries, John related how a common urethral injury occurs . . . "When a little boy finally grows tall enough to reach the bowl to urinate, and the toilet seat comes crashing down . . ." John grimaced, and so did we, for we could visualize the ensuing pain and shock even without any Netter illustrations to make the point . . .

## Physicians Speak Up

When a February 8 editorial, "Good Way to Control Medical Costs," endorsed HMOs and stated, "the HMO stimulates your physicians to practice preventive medicine," **Malcom Ing** wrote the following rebuttal which makes better sense.

"Actually, it is the patient who needs to practice preventive health care. Many of the basic principles to ensure good health are widely known but, alas, are too often ignored by patients who are with either HMO physicians or private fee-for-service physicians . . .

"Certainly one major way to control medical costs is to maintain optimum health . . . However, it is a mistake in the psychological evaluation of the problem of obesity, smoking, and the like to ex-





# TEL-MED Can Help Smokers Stop

As a physician, you know the harmful effects of smoking. But what about your patients? Do they know how much smoking increases their risk of dying from lung cancer ... emphysema ... heart attack?

TEL-MED can give your patients the information they need. TEL-MED has a variety of messages about smoking, like:

- 697** Do You Want to Quit Smoking?
- 696** How Smoking Affects Your Health
- 694** Why a Woman Should Quit Smoking

Each message has been carefully screened by local physicians. And callers report that TEL-MED increases their understanding of their physician's diagnosis and treatment.

The TEL-MED brochure has a complete list of over 270 taped messages. Use the brochure to suggest tapes for your patients. Or have them select tapes of their choice. All they need to do is call TEL-MED and ask for a tape by number. It's free. The hours are noon to 8 p.m., Monday through Saturday.

To get some free TEL-MED brochures, write to HMSA or call 944-2398.

A COMMUNITY SERVICE OF HMSA  
WORKING FOR A HEALTHIER HAWAII



#### TEL-MED

**Hawaii** ..... **935-0511**   **Mau**i ..... **244-0911**  
**Kauai** ..... **245-9011**   **Oahu** ..... **521-0711**



pect a physician or HMO group to affect a change in the basic motivation of the patient . . .

"The patient has to first really be interested in developing and maintaining optimum health . . . However, it is still a basic individual decision, and good health cannot be 'bought' by enrolling in an HMO or any other type of pre-paid medical plan.

"Actually, the counter argument is just as valid, and it could be said that patients may be stimulated to take better care of themselves if they realize that it is going to cost them more economically if they do not!

"A certain amount of distrust of the motivation of traditional fee-for-service physicians is revealed in the editorial comment that when you visit (an HMO physician) there is no incentive to give you unnecessary tests and service. Again the counter argument can be equally applied, namely, that necessary tests could be omitted for the same reason—cost to the hospital or HMO.

"What, then, can the patient depend upon for suitable, high quality medical care? He needs to select a good physician to whom he can relate well, and this possibility exists in both types of medical practices.

"However, choosing an HMO plan does not necessarily guarantee high quality, low cost medical care, and it is a naive assumption by non-physician evaluators of this type of medical insurance to expect that it does.

"Admittedly, the amount of annual income spent on health care of any type has risen over the past quarter of a century in this country. But there are many factors that contribute to this fact, such as the development of many expensive technological devices and an increased demand for medical services.

"Finally, one must keep in mind also that there are many items less desirable than health care for which some of the American public spends its income. Cigarettes, for example."

HCMS President **Tom Cahill** underscored the "major dichotomy between the local law enforcement agencies and components within organized medicine . . ." Tom points out that both groups (the state and federal officials and the HMA and HCMS physicians) "have the interest of the public at heart, but the methods used are strikingly divergent . . . The state DIU (Drug Investigation Unit) under **Jerome Estavillo** seeks to acquire sufficient evidence against involved practitioners to assure a criminal conviction, while the HMA and HCMS through their peer review structure and physician committees seek to identify physicians whose prescribing practices may be potentially harmful to their patients or may be indicative of other physical or emotional problems which could adversely affect their

patients . . . The HMA and HCMS seek to alter potentially hazardous behavior and restore the involved physician to a constructive and beneficial role in our society, through education, counseling, peer pressure and appropriate medical treatment.

"Because Estavillo, in spite of repeated requests, refuses to share his awareness of problem prescribers, his actions would appear to be a significant factor in the limited awareness of the medical profession of problems within its midst . . .

"Only frequent and cooperative input from federal and state agencies and the public regarding problem physicians will allow us to maintain the highest professional and ethical standards within our community . . ." (Hear! Hear!)

**Cyrus Loo** corrected a statement in a Sunday paper that "Acupuncture is popular in China, but it's no cure-all, as some foreign residents have discovered." Cyrus says, "Those who understand and know acupuncture have never ever claimed that acupuncture cures everything. Quite the contrary, it is limited primarily only for those illnesses that are subjective, that cannot be seen but felt; those invisible problems that are functional as opposed to the objective, visible, organic ones; the latter treatable successfully by Western medicine. I ask you, is Western medicine a cure-all?"

Gerontologist **Otto Neurath** commented on a Sunday Parade article by physician-author David Reuben who advised women at or above the ages of 40 to have children because of the great improvement in medical care, and the pleasure of middle-aged parents in having again a youngster whom they can see growing up in the loving atmosphere of their home. Otto mentions the dangers or disadvantages inherent in the development of a child born to a middle-aged mother, the significant increase in congenital diseases and malformations in this age group, esp. Down's Syndrome, where the incidence in children of women over 39 is 1 in 70. Otto says, "Dr. Reuben's article stresses only the psychological aspects of pregnancy at 40, but the potential dangers and disadvantages have to be emphasized. If a woman in this age group wants to have a child, she is strongly advised to consult a competent gynecologist before exposing herself, her family, and society to avoidable great disadvantages."

**Frank Tabrah** supports Sen. Mary George and Drs. **Ed Kagihara** and **Fernando Atienza** in their efforts to put sharp teeth into drunken driving laws.

Frank writes: "It is time that we abandon the permissive view of the drunk as an amusing feature of our society. When a drunk gets behind the wheel of a ton-and-a-half mass of metal and aims it at high speed at you or me, and doses so to the extent of causing 25,000 fatalities na-

tionwide each year, this is a major public health problem . . .

"Whatever the final legislation, its effectiveness will be exactly proportional to its severity. The time has come for realism. You or your whole family may be the next tragedy. I urge strong community support for new legislation, mandating more stringent sentences for drunken driving . . ."

The report from the Honolulu Heart Study, which showed the correlation of low cholesterol with a high rate of colon cancer, prompted **John McDougall** to say: "The bulk of scientific evidence fails to support this relationship and even the primary investigators involved lack an adequate explanation . . ." John reports that "data from 17 international studies was presented in May 1981 at a workshop sponsored by the NIH on cholesterol and non-cardiovascular mortality. This group did not substantiate any direct cause-and-effect relationship between low blood cholesterol and cancer.

"I share the concern of the National Institutes of Health that many people may be discouraged in their efforts to keep their cholesterol intake low, by the as yet unexplained relationship of low blood cholesterol and cancer of the colon. The situation is made worse when well respected medical experts try to justify their over-indulgence in rich foods with data from the Honolulu Heart Study."

## Medical Items

(From our favorite medical column, "Just Checking" by Lou Boyd)

"Nothing new about that plastic surgery known as the nose job. Doctors in India transplanted skin for such operations 2,000 years ago . . . How much sleep you need is now said to depend on how much you need to dream . . . In medical talk, an 'insult' is a physical injury . . .

"Q—Can anybody breathe and swallow at the same time?

"A—Only infants. Up to the age of six months or so.

"Your right lung takes in more air than your left, if typical . . . a woman's weight tends to vary from season to season. Typically she's apt to be at her heaviest in January. The month she most likely weighs her least is September.

"Young lady, if you want to dress in scanty attire, no doubt you'll have the doctor's blessing. The closer your skin temperature is to the weather temperature, the less you'll come down with colds, say the medicos . . .

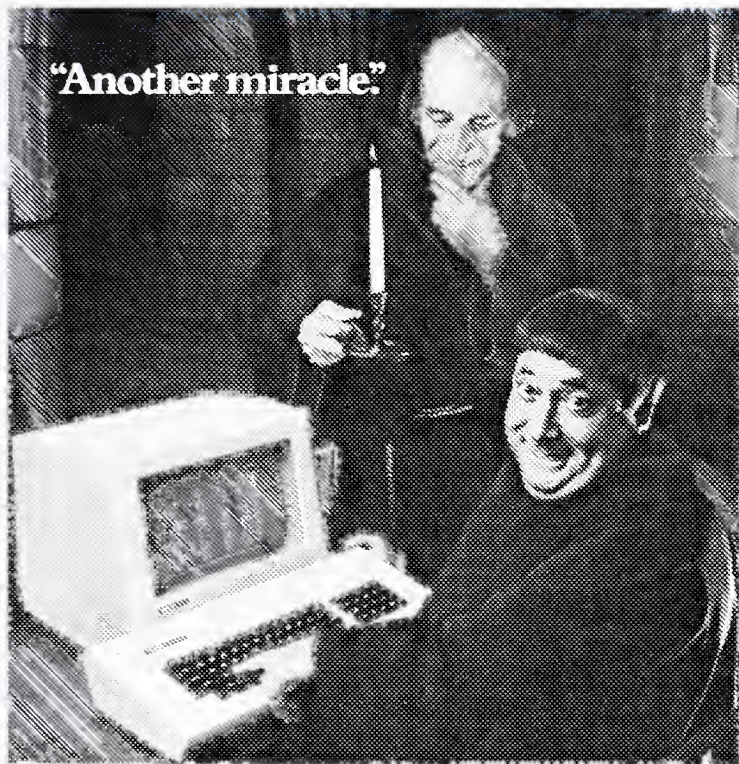
"Fertility of the human female," reports a medical researcher, "is highest when the room temperature is approximately 64 degrees F."

"Q—Can you explain why school teachers rarely get bursitis?

"A—Blackboard work. People who routinely raise their hands over their heads in



# The Xerox Personal Computer. It's not just one of the flock.



Almost everyone claims to make simple, easy to operate personal computers.

Unfortunately, what the computer world considers "simple and easy" can be worlds away from what you consider "simple and easy."

HONOLULU  
2340 Kam Highway

**847-0221**

HILO  
101 Holomua

**935-5401**

KAHULUI  
261 Lalo Street

**877-7331**

KONA  
74-5603 Alapa

**329-1308**

Xerox grew up in the business world.

And earned their reputation by designing business machines for business people.

The Xerox personal computer is no exception.

Using CP/M<sup>®</sup> based programs, it can help in planning, budgeting, forecasting, even billing and payroll.

With additional software, the Xerox personal computer is a versatile word processor or, with communications options, it's an intelligent terminal.

And lest you think the age of miracles is over, it comes with a very humble price tag.

Stop in today for a personal demonstration of the Xerox personal computer. And beat the flock.

## XEROX



XEROX<sup>®</sup> and 820 are trademarks of XEROX CORPORATION.  
CP/M<sup>®</sup> is a registered trademark of Digital Research, Inc.

*Hawaii's Only Authorized Servicing Dealer*



their jobs seem less inclined to suffer that ailment . . . Carpenters, painters, electricians, so on."

## Life In These Parts

**Herbert Cohen**, chief of the tuberculosis branch of the Department of Health, reports that persons selling or cooking food at events lasting less than 15 days (e.g., fairs, fund raisers, etc.) no longer need TB tests. Also, the yearly TB tests for food handlers, teachers, and other school personnel are out. Instead, food handlers only need an examination when first employed, and teachers and other school personnel need TB tests every 2 years. Skin tests are given for routine screening, and X-rays are taken only if skin tests are positive.

**Jerome Estavillo**, DOH investigation and narcotics control section head, assured the 120 Honolulu physicians at a HCMS meeting that physicians prescribing controlled drugs in good faith have nothing to fear. He revealed that, at one time, at least 40 physicians were under investigation and that most have subsequently been dropped from the list. Physicians should not keep large stocks of drugs in their offices, and we should be on guard against Mainlanders who come in with sophisticated stories or false letters of introduction . . .

**Sharon Bintliff's** "wellness" health program would include: (1) stress management; (2) physical fitness/exercise/relaxation and recreation; (3) emotional awareness; (4) adequate balanced nutrition; (5) ethnic, religious, and spiritual consciousness; (6) environmental awareness; (7) creativity and self-expression; (8) personal care and personal protection; (9) health education and intellectual growth; and (10) productivity/work — a sense of contributing.

Sharon says, "The greatest potential for improving the health of the American people is not in the present form of institutionalized medical care — but is to be found in what we do or don't do, to and for ourselves . . . Our health is a precious thing and we do have control over many factors affecting it. Health is not something you plan to have happen in the distant future . . . There continues to be an increase in public demand for better medical care and we will pay heavily for it! But improved services that are illness-oriented and treatment-based are not the answer. We cannot and should not continue to expend 40% of the health dollar for the last three weeks of a person's life.

"So why be healthy? . . . for the feeling of power, self assurance, and well being it can bring each of us today!"

## Elected, Appointed & Honored

The Hawaii Ophthalmological Society elected **Calvin Miura**, president; **John Kearney**, vice president; **Donald Sroat**,

secretary; and **John Roberts**, treasurer . . . The Hawaii Dermatological Society installed **David Huntley** as president; **William Wong**, vice president; and **Milton Ackerman**, secretary-treasurer . . .

The Hawaii Chapter of the American College of Emergency Physicians elected **Karl Pregitzer**, president; **Charles Mitchell**, vice president; **Eugene Kawaguchi**, secretary-treasurer; **M. Lou Hefley**, councillor; and **Stephen Ugelow**, councillor alternate . . .

## Miscellany

(SKF rep Kent Koike's jokes as noted by MSD rep Claire Loo)

Three buddies from Hawaii, a Japanese, a Chinese, and a Portuguese ran short of funds while at the Olympics, so they decided to crash the gate . . . The Japanese guy went up to the burly guard, took a karate stance, and muttered, "Karate, Japan." The guard let him in. Next the Chinese guy approached the guard, did a convincing kung fu kick and said, "Kung fu, China." The guard motioned him in . . . The Portuguese guy had watched how it was done. He ran around the corner, tore up some loose chain link fencing material. He draped the fence material over his shoulder and boldly approached the guard. "Fencing, Portugal," he shouted . . . But alas! the guard was not convinced.

Q—What happens if you don't pay your exorcist?

A—You'll be repossessed!

(Related by Ed Furukawa)

"Don't give me credit . . . Give me cash . . ." (As told by a banker friend)

## Visiting Professors . . .

"Hypertension Update" Coleman Ryan, VA Hospital, San Francisco, Calif.

A. General Discussion: Results of 5-year study of diastolic pressure of 105

CVA: 30% increase in RC vs SC (Referred care vs selective care)

MI: 40% increase in RC vs SC

Thus nothing mild about mild hypertension . . .

Patients on placebo: 3-5% complained of impotence . . . Therefore never mention impotence as a possible side effect . . .

B. Hemodynamics of EH: (BP = CO x TPR) (TPR: total peripheral resistance; CO: cardiac output)

1. Early hypertension: High CO x normal TPR

2. Established hypertension: Normal CO x high TPR

3. Advanced hypertension: Low CO x high TPR

C. Salt-sensitive hypertensives:

1. 4 out of 10 patients are salt-sensitive

2. Genetic predisposition

D. Antihypertensive drugs:

1. Diuretics: Moduretic is a potassium-retaining diuretic . . . No big deal . . . Only a new diuretic . . .

Thiazide diuretics are superior to Lasix etc . . . We are using too much diuretics . . . We formerly started with 100 mg . . . Now we use 25mg. or 12.5mg.

2. Beta Blockers: We have 5 beta blockers this year . . . and perhaps 9 next year . . . Though we have been using beta blockers since 1963, we don't know how they work . . . Proposed mechanism for beta blocker therapy: Lowers cardiac output; decreases sympathetic outflow to periphery; suppresses renin action (pure nonsense)

Half life of beta blockers:

Corgard: 20-24 hrs. (70% excreted through kidneys . . . May last 10 days with poor renal function)

Propranolol: 2-3 hrs

Metoprolenol: 3-4 hrs

Timolol: 4-5 hrs

Beta blocker selectivity: No such thing as pure beta or pure beta 2 blocker . . .

Heart: beta 1 = Increased rate, contractility, conduction

Kidney: beta 1 = renin release

Fatty tissue: beta 1 = lipolysis

Lungs: beta 2 = relaxation

Older patients have more side effects from propranolol and less specific effect.

3. Other Drugs:

Prazosin plus a diuretic: Effective with minimal side effects . . .

Minoxidil: Best antihypertensive drug . . . Super drug for lowering BP . . . Only 2 failures in 1000 patients . . . 3 major side effects: a. Sodium retention: Use Lasix even up to 800 mg. b. Tachycardia: Reflex tachycardia . . . Need beta blocker c. Hair growth: hair grows in all the wrong places . . . 100% hypertrichosis . . . back of hands, finger tips etc.

Antirenin-Angiotensin Agents: Captopril; Capoten

D. Therapy:

Step 1: Diuretic

Step 2: Add reserpine, methyldopa, or beta blocker

Step 3: Add hydralazine

Step 4: Add or substitute guanethidine

Patients with Renal Failure:

Step 1: Lasix or metolozone

Step 2: Clonidine or methyldopa or prazosin

Step 3: Hydralazine

## Conference Notes

"Calcium Channel Blocking Agents: Current Concepts" Allan Pribble, Associate Professor of Medicine, UH Med School

A. General characteristics of calcium antagonists:

1. Surface active agents 2. Compounds differ from one another 3. Decrease uterine contractions 20 prostaglandins 4. Vasodilators . . . reduce systemic resistance 5. Rx for hypertension 6. Rx for coronary spasm 7. Decreases ACTH in vitro: interferes with endocrine function. 8. Inhibits renin (esp in Rx of CHF) 9. Inhibits exercise asthma 10. Reduces contractility of heart: negative inotropic 11. Slows calcium currents . . .



**B. Drugs:**

1. Nifedipine (N1)
2. Verapamil
3. Dotriazin

**C. Difference between Nifedipine and Verapamil:**

	NI	VE
Sympathetic antagonist	+	—
Local anesthetic	1.6X	0
Heart rate	±	↑
AV conduction delay	4+	±
Fast channel inhibition	±	0
Slow channel inhibition	3+	3+
Coronary vasodilation	3+	3+
Peripheral vasodilation	2+	4+

**D. Clinical indications for calcium antagonists:**

1. Angiospastic angina
2. Angina failure
3. Arrhythmias
4. Arterial hypertension
5. Lt. ventricular failure (Vasodilator therapy)
6. Acute MI
7. Cardiac preservative (during cardiac surgery)
8. Cardiomyopathy
9. Cerebral vasospasm
10. Other vasospastic syndromes

**E. Differences: Verapamil and Nifedipine**

1. Verapamil
  - a. Good coronary vasodilator, but not as good as nitroglycerine
  - b. Increases coronary blood flow by decreasing coronary resistance
  - c. Increases PR interval in 1/3 to 1/2 of cases
  - d. Acts on AV junction: has additive effect on Inderal . . . Caution!
  - e. Potent inotropic agent
  - f. Cautious use in digtoxic patients
  - g. No help in V tach
2. Nifedipine
  - a. As effective as nitroglycerine as coronary vasodilator
  - b. Peripheral vasodilator
  - c. Increases coronary blood flow by reducing peripheral resistance
  - d. Increases myocardial contractility
  - e. Reduces peripheral resistance by 20%
  - f. No effect on AV block
  - g. Decreases heart rate

**F. Use in angina pectoris:**

1. Verapamil and Nifedipine useful in both stable and unstable angina: increases coronary flow and reduces peripheral resistance
2. Nifedipine may have additive effect on Inderal, which also show cardiac contractility

**G. Use in arrhythmias:**

1. Verapamil may be effective, but Nifedipine and Dotriazin are not as effective

**H. Use in hypertension:**

1. Nifedipine used experimentally . . . No rise in renin levels . . . Effective in refractory heart failure and severe pulmonary edema
2. Verapamil used in IHMS in England and at NIH
 

Side effects: severe hypotension and AV block with Tv  
sinus node showing and arrest  
pulmonary edema

Caution: Avoid VE in heart failure and sick sinus syndrome

Summary: Calcium ion is an important and ubiquitous ion responsible for regulating many body functions . . . Nifedipine and Verapamil are calcium blockers useful in stable and unstable angina Nifedipine and Verapamil are separate entities . . .

\* \* \*

**"Pharmacology of Mental Depression"**  
December 8, 1981, James Miyahira, Ph.D., UH Med School Mental depression — psychologic vs biochemical hypothesis

Biochemical hypothesis (biogenic amine hypothesis): "Behavioral depression is a/c deficiency of biogenic amines (NE and/or 5-HT) at strategic synapses in brain. Elation or mania result from excess of catecholamines (NE) at these sites . . ."

**Antidepressant drugs:**

1. Psychomotor stimulants, e.g. amphetamines
2. Monoamine oxidase inhibitors, e.g. Nardil (phenelzine)
3. Tricyclics: Tofranil (imipramine)  
Elavil (amitriptyline)

**Action:**

1. MAO inhibitors increase norepinephrine (NE)
2. Psychomotor stimulants increase synaptic contact of NE
3. Tricyclics: not clean drugs . . . have anticholinergic, antiadrenergic, antihistamine properties

Tricyclics:	5HT	NE
Elavil	4+	0
Aventyl	2+	2+
Tofranil	3+	2+
Norpramine	0	4+

**Major Brain Metabolites of NE and 5-HT:**

NE + MHPG (in urine)  
5 HT = 5-HIAA (in CSF)

Depressed patients have low MHPG and 5-HIAA values . . . Amphetamine high patients have high MHPG and amphetamine low patients have low MHPG . . . If tests for MHPG and 5-HIAA are reliable, there may be two basic types of depression viz NE and 5-HT Depressions:

*Announcing . . .*



**THE  
HAWAII MEDICAL  
ASSOCIATION**

**126TH  
ANNUAL  
SCIENTIFIC  
MEETING  
IN  
CONJUNCTION  
WITH THE  
WORLD  
MEDICAL  
ASSOCIATION  
COUNCIL  
MEETING**

**October 11-14, 1982  
Hilton Hawaiian Village  
Tapa Ballroom**

**The  
Scientific Program Committee  
Presents**

**"Something  
For  
Everyone"**

Plenary Sessions beginning at 7:30 a.m. to 12 noon will provide an opportunity for audience participation at each of the 4 sessions held daily. No registration or course fee for HMA members.

As an organization accredited for continuing medical education, the Hawaii Medical Association verifies that the continuing medical education activities designated Category I meet the criteria for Category I on an hour-for-hour basis (up to 19 hours) for the Physician's Recognition Award of the American Medical Association.

# Candidates for nutritional therapy...

**10,000,000**

**alcoholics.** Ethanol may produce many effects that together bring about nutritional deficiencies, so that alcoholism affects nutrition at many levels.<sup>1</sup>

**25,500,000 geriatric**

**patients.** The older patient may have some disorder or socioeconomic problem that can undermine good nutrition.<sup>2</sup>

**23,500,000 surgical**

**patients.** Nutritional status can be compromised by the trauma of surgery; and some operations interfere with the ingestion, digestion and absorption of food.<sup>3</sup>



**Before prescribing, please consult complete product information, a summary of which follows:**

Each Berocca® Plus tablet contains 5000 IU vitamin A (as vitamin A acetate), 30 IU vitamin E (as *dl*-alpha tocopheryl acetate), 500 mg vitamin C (ascorbic acid), 20 mg vitamin B<sub>1</sub> (as thiamine mononitrate), 20 mg vitamin B<sub>2</sub> (riboflavin), 100 mg niacin (as niacinamide), 25 mg vitamin B<sub>6</sub> (as pyridoxine HCl), 0.15 mg biotin, 25 mg pantothenic acid (as calcium pantothenate), 0.8 mg folic acid, 50 mcg vitamin B<sub>12</sub> (cyanocobalamin), 27 mg iron (as ferrous fumarate), 0.1 mg chromium (as chromium nitrate), 50 mg magnesium (as magnesium oxide), 5 mg manganese (as manganese dioxide), 3 mg copper (as cupric oxide), 22.5 mg zinc (as zinc oxide).

**Indications:** Prophylactic or therapeutic nutritional supplementation in physiologically stressful conditions, including conditions causing depletion, or reduced absorption or bioavailability of essential vitamins and minerals; certain conditions resulting from severe B-vitamin or ascorbic acid deficiency; or conditions resulting in increased needs for essential vitamins and minerals.

**Contraindications:** Hypersensitivity to any component.

**Warnings:** Not for pernicious anemia or other megaloblastic anemias where vitamin B<sub>12</sub> is deficient. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with vitamin B<sub>12</sub> deficiency who receive supplemental folic acid and who are inade-

quately treated with B<sub>12</sub>.

**Precautions: General:** Certain conditions may require additional nutritional supplementation. During pregnancy, supplementation with vitamin D and calcium may be required. Not intended for treatment of severe specific deficiencies. **Information for the Patient:** Toxic reactions have been reported with injudicious use of certain vitamins and minerals. Urge patients to follow specific dosage instructions. Keep out of reach of children. **Drug and Treatment Interactions:** As little as 5 mg pyridoxine daily can decrease the efficacy of levodopa in the treatment of parkinsonism. Not recommended for patients undergoing such therapy.

**Adverse Reactions:** Adverse reactions have been reported with specific vitamins and



**5,000,000 hospital patients with infections.**<sup>4</sup> Many are anorectic and may have a markedly reduced food intake. Supplements are often provided as a prudent measure because the vitamin status of critically ill patients cannot be readily determined.<sup>3</sup>

**The incalculable millions on calorie-reduced diets.** Patients ingesting 1000 or fewer calories per day could be at high risk because this intake may not supply most nutrients in adequate amounts without supplementation.<sup>5</sup>



minerals, but generally at levels substantially higher than those in Berocca Plus. However, allergic and idiosyncratic reactions are possible at lower levels. Iron, even at the usual recommended levels, has been associated with gastrointestinal intolerance in some patients.

**Dosage and Administration:** Usual adult dosage: one tablet daily. Not recommended for children. Available on prescription only.

**How Supplied:** Golden yellow, capsule-shaped tablets—bottles of 100.

ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

## **Berocca Plus**

A balanced formula for prophylactic or therapeutic nutritional supplementation.

Berocca Plus Tablets provide: therapeutic levels of ascorbic acid and B-complex vitamins; supplemental levels of biotin, vitamins A and E, and five important minerals (iron, chromium, manganese, copper and zinc); plus magnesium. Berocca Plus is not intended for the treatment of specific vitamin and/or mineral deficiencies.

**Berocca Plus,** highly acceptable to

patients, has virtually no odor or aftertaste and is economical. And its "Rx only" status means more physician involvement, better patient compliance.

**References:** 1. Shaw S, Lieber CS: Nutrition and alcoholism, chap. 40, in *Modern Nutrition in Health and Disease*, edited by Goodhart RS, Shils ME. Philadelphia, Lea & Febiger, 1980, pp. 1220, 1237. 2. Watkin DM: Nutrition for the aging and the aged, chap. 28, in *Modern Nutrition in Health and Disease*, op. cit., p. 781. 3. Shils ME, Randall HT: Diet and nutrition in the care of the surgical patient, chap. 36, in *Modern Nutrition in Health and Disease*, op. cit., pp. 1084, 1089, 1114. 4. Dixon RE: *Ann Intern Med* 89 (Part 2): 749-753, Nov 1978. 5. Committee on Dietary Allowances, National Research Council: Recommended Dietary Allowances, ed 9. Washington, National Academy of Sciences, 1980, p. 13.

# candidates for

Rx ONLY **Berocca<sup>®</sup> Plus** TABLETS

THE MULTIVITAMIN/MINERAL FORMULATION

NE Depression      5-HT Depression  
 Amine metabolites:  
 Low MHPG: Normal MHPG and  
 5HIAA                      low 5-HIAA  
 Tofranil and Norpramine:  
 Good response      No response  
 Elavil:  
 No response      Good response

## Miscellany

We received a letter without a return address marked "Confidential." Hmmm . . . Which secret admirer? The office receptionist had discreetly placed it on our desk unopened . . . Our nervous fingers bludgeoned the envelope open and we found Realtor **Tim Harris'** note: "When sick, call a doctor. . . When thinking of buying or selling real estate, call Tim Harris." The enclosed poem was even cleverer and was entitled "A Reluctant Investor's Lament".

I hesitate to make a list of all the countless deals I've missed;

Bonanzas that were in my grip — I watched them through my fingers slip;

The windfalls which I should have bought were lost because I overthought;

I thought of this, I thought of that, I could have sworn I smelled a rat,

It seems I always hesitate, then make up my mind up much too late.

A very cautious man am I, and that is why I never buy.

When tracks rose high on Sixth and

Third, the price asked, I felt, was absurd;

Those block fronts — bleak and black with soot — were priced at thirty bucks a foot! I wouldn't even make a bid, but others did — yes, others did!

When Tucson was cheap desert land, I could have had a heap of sand;

When Phoenix was the place to buy, I thought the climate was too dry;

"Invest in Dallas — that's the spot!" My sixth sense warned me I should not.

A very prudent man am I and that is why I never buy.

How Nassau and how Suffolk grew! North Jersey! Staten Island, too!

When others culled those sprawling farms and welcomed deals with open arms.

A corner here, then acres there, compounded values year by year,

I chose to think and as I thought, they bought the deals I should have bought.

The golden chances I had then are lost and will not come again.

Today I cannot be enticed for everything's so overpriced.

The deals of yesteryear are dead; the market's soft — and so's my head.

Last night I had a fearful dream, I know I wakened with a scream:

Some Indians approached my bed — for trinkets on the barrelhead

(In dollar bills worth twenty-four, and nothing less and nothing more)

They'd sell Manhattan Isle to me. The most I'd go was twenty-three

The redmen scowled: "Not on a bet!"

and sold to Peter Minuit.

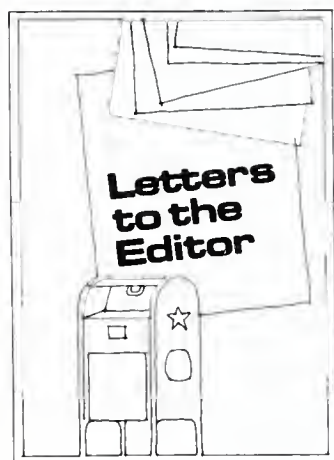
At times a teardrop drowns my eye for deals I had, but did not buy;

And now life's saddest words I pen—"IF ONLY I'D INVESTED THEN!"

"In personality tests conducted on physicians, the pediatricians for some reason scored quite low on humility. So it was reported in a national magazine. How do you account for this? Why would those specialists seem lacking in this particular trait? Ask your baby doctor." (From Lou Boyd's "Just Checking" column)

(As told by Judy Lind, social worker and joke teller extraordinaire . . .)

Jesus and St. Peter were at a conference . . . Jesus noticed that St. Peter wasn't looking too well . . . Jesus said, "Why don't you rest a coupla days . . . Let me take your place. . . What do I have to do?" St. Peter explained, "You just greet people at the pearly gates . . ." Jesus goes to the pearly gates when he sees groups of people waiting to pass through . . . He also notices a little old man going from group to group, obviously looking for someone . . . Jesus goes to the man and asks, "You seem disturbed . . . Who are you looking for . . ." "Well, I closed my carpenter shop on earth and came up here in search of my son . . . But I can't seem to find him . . ." Jesus, feeling sorry for the poor man, decided to cheer him up with a little deception. "Father!" he calls to the little man and embraces him . . . The old man shouts, "Pinocchio?"



Dear Dr. Arnold:

One journalistic point I'd like to clear up: The Star-Bulletin published the first story about the likelihood of pesticide contamination on March 18, 1982.

The lead on our story which we published on page A-3 of the Star-Bulletin that day said: "State Department of Health officials are 'preparing a plan of action' to determine what to do about possible pesticide contamination of milk supplies in the Islands."

In the second edition that day our updated lead said, "Officials of the state Department of Health were meeting this morning to discuss results of a test which indicated possible pesticide contamination of milk supplies in the Islands."

The top of your editorial (HMJ May 1982 p. 145) starts with the events of

March 22 and suggests that the Advertiser broke the initial story of pesticides in Hawaii's milk. Our March 18 story was the first, and we would like the record to reflect our initiative in pursuing and developing the story, as well as our reason and restraint in presenting it carefully on Page A-3. We're equally proud of our performance on both counts.

Anyone interested in discussing our handling of the story may call me at 525-8607. Thanks again for letting us preview your editorial.

John E. Simonds,  
 Executive Editor  
 Honolulu Star-Bulletin

Editor, HAWAII MEDICAL JOURNAL:

I touched off a furor last year by using the word "torturers" in regard to physicians who allow terminal patients to undergo great suffering.

If I had simply said "torture" the matter might have been passed over.

The personalized word was something else, and I appreciate the HAWAII MEDICAL JOURNAL'S January and February publication of material pro and con.

The core of the matter I am trying to raise to the attention of physicians and others is caught in a paragraph from the book, "The Hospice Movement," by Sandol Stoddard.

She says of the hospice in London,

which I visited and where she worked as a volunteer:

"More than 60% of the patients admitted to St. Christopher's Hospice complain of pain: sometimes mild, often severe, not infrequently overwhelming. All of these patients subsequently experience substantial, if not complete, relief."

My wife and I visited St. Christopher's and thought we saw it and also saw pain-free patients being surprisingly active and upbeat. The assistant medical director told us it was so. Stoddard and many other visitors say it is so.

What we saw, I must say, is far, far different from what we have seen with friends who are terminal patients here, just about as different as night from day.

A layman has a hard time making points like this with dedicated professionals. And the people that I am challenging ARE dedicated, even if they may be parties to the prolongation of pain or agony that a dictionary would include in one definition of torture.

I would urge that the Medical Society send some trusted members to see for themselves if St. Christopher's has more to teach us about enriching the final days and weeks of life for terminal patients than we have so far learned. I am convinced it does.

Respectfully,  
 A.A. Smyser  
 Editor, Editorial Page  
 Honolulu Star-Bulletin





# Where to go For BUSINESS DINING



## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

Top of the Blvd.  
and Waimalu

**Both Open 24 Hrs.**  
(Except the Wee Hours  
of Monday Morning)

Cartoon  
Courtesy of  
The Honolulu  
Star-Bulletin



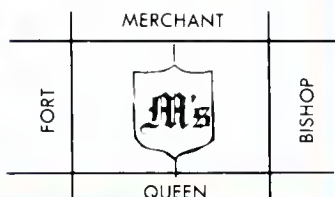
**Breakfast - Lunch - Cocktails**  
in the heart of Downtown.

**M's Coffee  
Tavern**  
6:30-2 P.M.

**Cheerio Room**  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern  
or inn."

*Samuel Johnson*



**CONSISTENTLY GOOD  
CHINESE FOOD . . .**

**CHINESE AND AMERICAN FOOD**

*Coral Reef*

**Restaurant and lounge**

**Mauka side next to Woolworth**  
1006 Ala Moana Center

Open from 10:30 AM to 9:30 PM  
Sundays 10:30 AM to 5 PM  
**Phone: 949-3500**

**Now Serving  
Hot and Spicy  
Dishes for Dinner**



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Hopyron Lane.

•PHONE: 955-8844•

OPEN DAILY -  
Lunch-11:00 a.m. - 2:00 p.m., Dinner-5:00 p.m. - 1:00 a.m.  
VALET & FREE VALIDATED PARKING

**Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.**  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.  
*Flamingo Restaurant*



(Formerly Napualani)

**4 Banquet Rooms**

**For 20-250 Persons**  
Breakfasts—Luncheons  
Dinners—Cocktails

Full sit-down dinners from \$6.95

Ample Validated Parking

Reservations: Ann Kubota, 922-3861

**Quality Inn Waikiki-Paoakalani & Kuhio**

On the "Big Island" it's Quality Inn Hilo

**Seafood in its  
Finest Hour**

Any hour from 11 am to 10 pm,  
Fridays & Saturdays 'til 11 pm.

**THE SEAFOOD EMPORIUM**

Please call 922-5547 for reservations

Royal Hawaiian Shopping Center, second floor • corner of Kalakaua and Lewers



*Enjoy one  
of these fine  
eating places  
today!*

# MIEC

**Medical Insurance Exchange of California**

*Professional Liability Insurance Exclusively*

- Quality Protection From Hawaii's Only Physician Owned Company
- Financial Strength and Stability
- Sponsored by Hawaii Medical Association

FOR FURTHER INFORMATION CONTACT:

Hawaii Medical Association  
320 Ward Avenue, Suite 200  
Honolulu, HI 96814  
536 • 7702

HOME OFFICE: THREE EMBARCADERO CENTER • SAN FRANCISCO, CALIFORNIA 94111  
MAILING ADDRESS: P.O. BOX 7149 • SAN FRANCISCO, CA 94120  
TELEPHONE (415) 393 • 5250



AUGUST 1982  
VOL. 41, NO. 8

# Hawaii Medical Journal

## CONTENTS

Editorials	222
Continuing Medical Education	225
Clinical Update	225
Neonatal Pneumonia in a Community Hospital: A Retrospective Study	226
Lance Terada, B.A., and David Easa, M.D.	
HMA Council	228
Over the Editor's Desk	234
News and Notes	238
Medical History in the Islands	238
Book Review	238
HAFP Newsletter	238

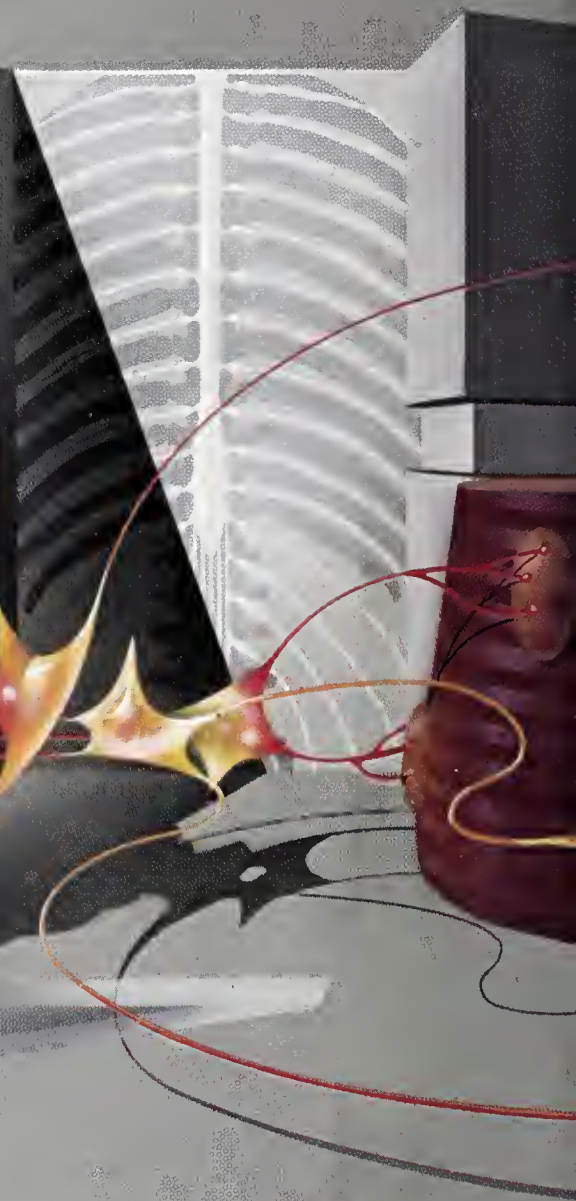
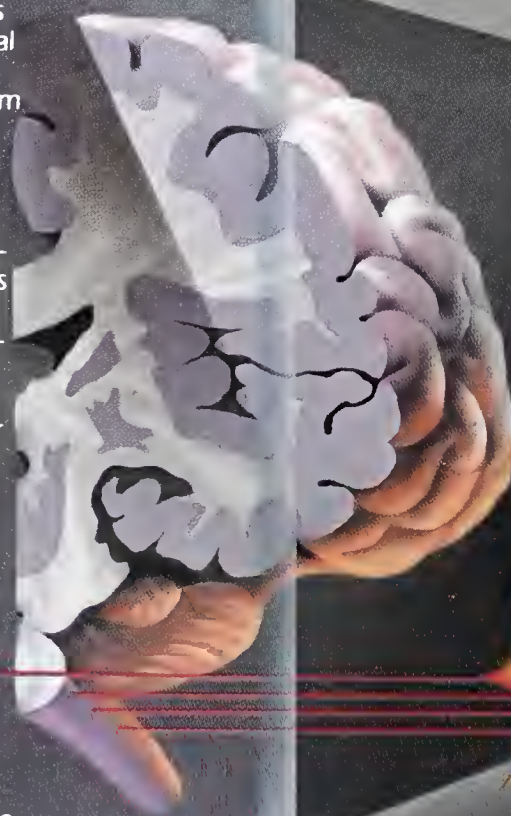
LIBRARY  
U.C. SAN FRANCISCO

AUG 31 1982

# SKELETAL MUSCLE SPASM

## Actions associated with spasm

Normally, presynaptic inhibition of impulses to motoneurons prevents the continuous contraction of skeletal muscles. When this regulatory mechanism is overloaded, however, it cannot cope with the excessive number of impulses directed at the motoneurons and muscles go into spasm. This bombardment of impulses may come from the brain stem reticular formation or the spinal cord—or both. Whichever the source of the impulses, adjunctive Valium (diazepam/Roche) has demonstrated its ability to relieve the spasm-pain-spasm cycle. This has long been known. Now evidence is emerging that Valium may have skeletal muscle relaxant activity not only at the brain and spinal levels but possibly at a third site—the muscle itself.



## Counteractions associated with Valium® (diazepam/Roche)

### In the reticular formation

Animal experiments have shown a reduction in the rate of neuron firing in the brain stem reticular formation after administration of Valium.<sup>1,2</sup> This system, therefore, may be a major site of Valium action.

### In the spinal cord

The ability of Valium to diminish skeletal muscle spasm may also be due to its action at the spinal level. Both animal and human experimental evidence indicates that Valium appears to improve the efficiency of presynaptic inhibition in the spinal cord.<sup>3-6</sup>

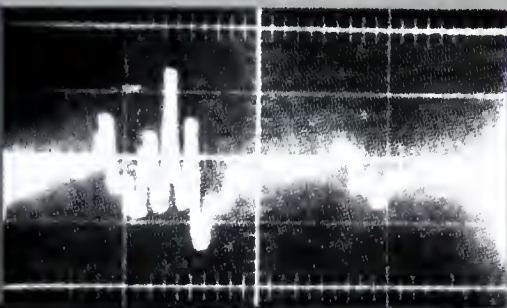
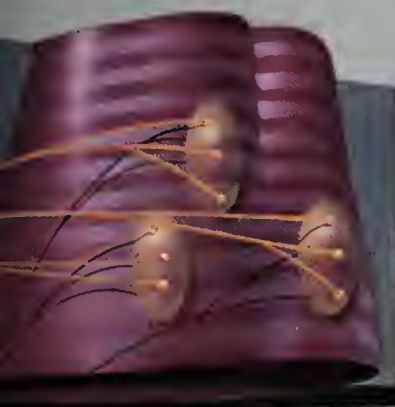
### In the muscle itself

In both animal<sup>7</sup> and human<sup>8</sup> studies, Valium has been shown to have a direct effect on the muscle itself. Diazepam, administered to 15 spastic patients with neurological lesions, reduced the amplitude of the compound action potential of direct muscle response as well as the isometric twitch tension. From this, it was postulated that Valium may affect the contractile properties of muscle and possibly

**References:** 1. Przybyla AC, Wang SC. *J Pharmacol Exp Ther* 163:439-447, 1968. 2. Tseng TC, Wang SC. *J Pharmacol Exp Ther* 178:350-360, 1971. 3. Stratten WP, Barnes CD. *Neuropharmacology* 10:685-696, 1971. 4. Schmidt RF, Vogel ME, Zimmermann M. *Arch Exp Pathol Pharmacol* 258:69-82, 1967. 5. Murayama S, Uemura H, Suzuki T. *Jpn J Pharmacol* 22 (Suppl):79, 1972. 6. Verrier M, MacLeod S, Ashby P. *Can J Neurol Sci* 2:179-184, Aug 1975. 7. De Groof RC, Bianchi CP, Narayan S. *Eur J Pharmacol* 66:193-199, 1980. 8. Verrier M, Ashby P, MacLeod S. *Am J Phys Med* 55:184-191, 1976. 9. Fowiks EW, Strickland DA, Peirson GA. *Am J Phys Med* 44:9-19, 1965.

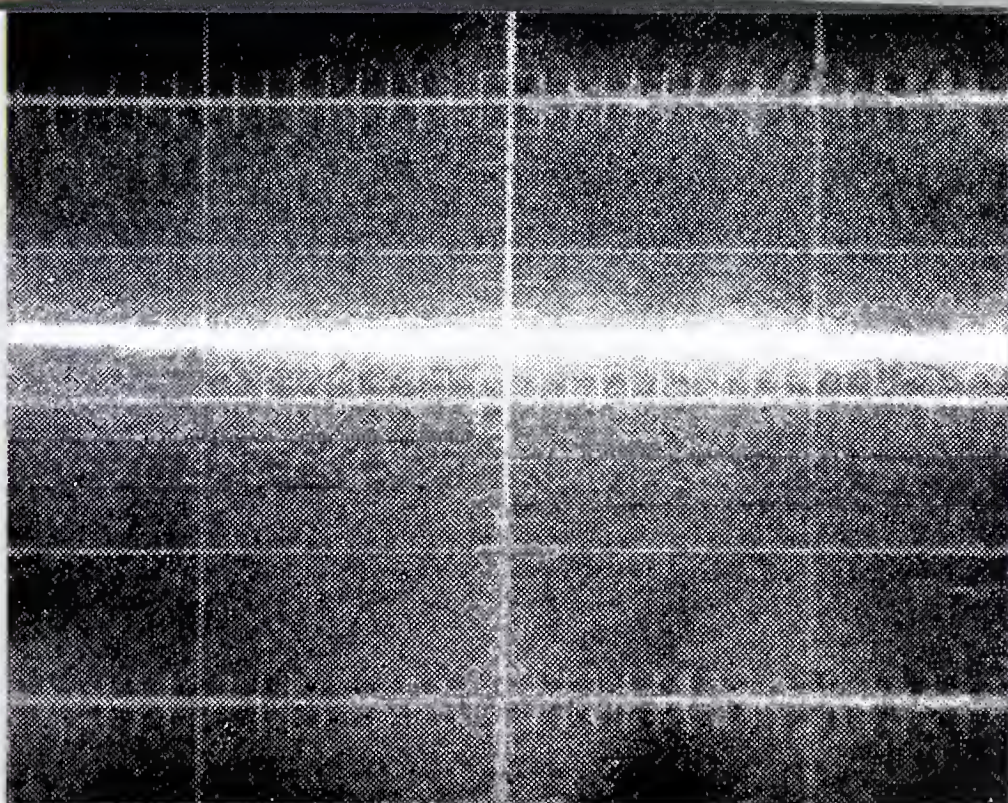


Wobbling and counteractions



Electromyographic evidence of muscle spasm in a patient before administration of diazepam\*

35 minutes after I.M. diazepam 10 mg, muscles are completely relaxed\*



\*Adapted from Fowles EW, et al.<sup>9</sup>

the electrical properties of muscle membrane. Recent *in vitro* studies demonstrated that diazepam decreases tension in rapidly stimulated muscle and increases the rate of loss of calcium (needed for efficient coupling of action potential to muscle contraction) in the skeletal muscle of frogs. While these studies imply three possible sites of Valium (diazepam/Roche) activity, conclusive proof of the sites of action of Valium will require further research.

# Adjunctive **VALIUM**<sup>®</sup> diazepam/Roche<sup>®</sup> <sup>IV</sup>

2-mg, 5-mg, 10-mg scored tablets  
Tel-E-Dose<sup>®</sup> Reverse-Number Packs  
2-ml Tel-E-Ject<sup>®</sup> ready-to-use  
disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials }

Please see following page for a summary of product information.





# Adjunctive **VALIUM**® diazepam/Roche

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in: relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis, stiff-man syndrome. *Oral form* may be used adjunctively in convulsive disorders, but not as sole therapy. *Injectable form* may also be used adjunctively in: status epilepticus, severe recurrent seizures; tetanus; anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures, cardioversion. The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets in children under 6 months of age; known hypersensitivity; acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL:** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients, should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V., inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest, concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea, have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/2, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or less), prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence; can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam/Roche), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2 1/2 mg once or twice daily, increasing gradually as needed or tolerated).

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return; re-administer if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures

available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported, should these occur, discontinue drug. Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam/Roche) therapy and are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Dosage:** Individualized for maximum beneficial effect.

**ORAL—Adults:** Anxiety disorders, relief of symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; acute alcohol withdrawal, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2 1/2 mg 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2 1/2 mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**INJECTABLE:** Usual initial dose in older children and adults is 2 to 20 mg I.M. or I.V., depending on indication and severity. Larger doses may be required in some conditions (tetanus). In acute conditions injection may be repeated within 1 hour, although interval of 3 to 4 hours is usually satisfactory. Lower doses (usually 2 to 5 mg) with slow dosage increase for elderly or debilitated patients and when sedative drugs are added. (See Warnings and Adverse Reactions.)

For dosages in infants and children see below, have resuscitative facilities available.

**I.M. use:** by deep injection into the muscle.

**I.V. use:** inject slowly, take at least one minute for each 5 mg (1 ml) given. Do not use small veins, i.e., dorsum of hand or wrist. Use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Moderate anxiety disorders and symptoms of anxiety, 2 to 5 mg I.M. or I.V., and severe anxiety disorders and symptoms of anxiety, 5 to 10 mg I.M. or I.V., repeat in 3 to 4 hours if necessary; acute alcoholic withdrawal, 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary. Muscle spasm, in adults, 5 to 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours if necessary (tetanus may require larger doses); in children, administer I.V. slowly; for tetanus in infants over 30 days of age, 1 to 2 mg I.M. or I.V., repeat every 3 to 4 hours if necessary; in children 5 years or older, 5 to 10 mg repeated every 3 to 4 hours as needed. Respiratory assistance should be available. Status epilepticus, severe recurrent convulsive seizures (I.V. route preferred), 5 to 10 mg adult dose administered slowly, repeat at 10- to 15-minute intervals up to 30 mg maximum. Repeat in 2 to 4 hours if necessary keeping in mind possibility of residual active metabolites. Use caution in presence of chronic lung disease or unstable cardiovascular status. **Infants (over 30 days)** and **children (under 5 years)**, 0.2 to 0.5 mg slowly every 2 to 5 min., up to 5 mg (I.V. preferred). **Children 5 years plus**, 1 mg every 2 to 5 min., up to 10 mg (slow I.V. preferred); repeat in 2 to 4 hours if needed. EEG monitoring may be helpful.

In endoscopic procedures, titrate I.V. dosage to desired sedative response, generally 10 mg or less but up to 20 mg (if narcotics are omitted) immediately prior to procedure; if I.V. cannot be used, 5 to 10 mg I.M. approximately 30 minutes prior to procedure. As preoperative medication, 10 mg I.M.; in cardioversion, 5 to 15 mg I.V. within 5 to 10 minutes prior to procedure. Once acute symptomatology has been properly controlled with injectable form, patient may be placed on oral form if further treatment is required.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure, employ general supportive measures, I.V. fluids, adequate airway. Use levorotary or metaraminol for hypotension. Dialysis is of limited value.

**How Supplied:** **ORAL:** Scored tablets—2 mg, white; 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500; \* Prescription Paks of 50, available in trays of 10, \* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25† and in boxes containing 10 strips of 10.†

**INJECTABLE:** Ampuls, 2 ml, boxes of 10;† Vials, 10 ml, boxes of 1;† Tel-E-Ject® (disposable syringes), 2 ml, boxes of 10.†

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110



ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



# HAWAII MEDICAL JOURNAL

(USPS 237-640)

*Published Monthly for the*  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

*Editor*, HARRY L. ARNOLD, JR., M.D.  
*News Editor*, HENRY N. YOKOYAMA, M.D.  
*Managing Editor*, DORIS R. JASINSKI, M.D., M.P.H.  
*Assistant Editor*, DOUGLAS G. MASSEY, M.D.  
*Contributing Editors*, JOHN M. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
CHARLES S. JUDD, JR., M.D.,  
J.I. FREDERICK REPPUN, M.D.  
*Editorial Assistants*: JENNIE ASATO, BECKY KENDRO

*Editorial Board*: NORMAN GOLDSTEIN, M.D.,  
RALPH W. HALE, M.D., THOMAS C. HALL, M.D.,  
ROBERT T. S. JIM, M.D., JAMES LUMENG, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.,

*Publications Committee*: CHARLOTTE M. FLORINE, M.D.,  
(Commissioner)  
DORIS R. JASINSKI, M.D.,  
(Chairman)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. McGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

*President*, ANN B. CATTS, M.D.  
*President-Elect*, CALVIN C.M. KAM, M.D.  
*Past President*, NEAL E. WINN, M.D.  
*Secretary*, KWONG YEN LUM, M.D.  
*Treasurer*, WILLIAM H. HINDLE, M.D.

*County Presidents*  
*Hawaii*, ERNEST L. BADE, M.D.  
*Honolulu*, THOMAS G. CAHILL, M.D.  
*Kauai*, JOHN W. NEWMAN, M.D.  
*Mauai*, MICHAEL R. SAVONA, M.D.  
*West Hawaii*, KENNETH GRANT

*Delegate to AMA*,  
HERBERT Y.H. CHINN, M.D.  
*Alternate Delegate to AMA*,  
WILLIAM E. IACONETTI, M.D.

*Advertising Representatives*  
National  
**UNITED MEDIA ASSOCIATES, INC.**  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
**CROSSROADS PRESS, INC.**  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc., for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.

## The United States Air Force Medical Corps

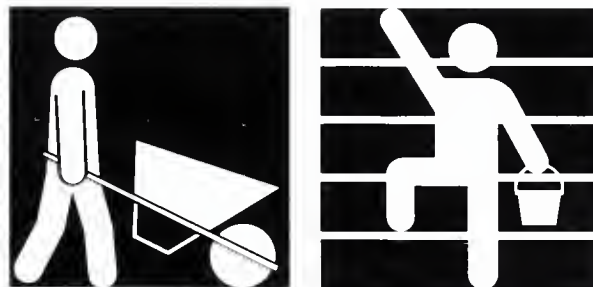
is currently accepting applications  
for the following specialties:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.



## Get your compensation patients back to work

CHART understands the special needs of the disabled worker. Our rehabilitation therapy includes Work Simulation to get your patients ready to return to work without fear and with less chance of re-injury. Call CHART for more information about getting your patient back to work.

Rowlin L. Lichter, M.D. *Medical Director*



**CHART™**  
Comprehensive Health and  
Rehabilitation Training

1314 South King Street Suite 750  
Honolulu Hawaii 96814 Telephone 523-1674



*Editorials are the opinion of the writer and do not necessarily reflect Hawaii Medical Association (HMA) policy.*

## Danger: Nuclear War!

Physicians for Social Responsibility (PSR) is a national organization of physicians and their associates, originated in Boston 20 years ago, dedicated to educating our colleagues and our patients on the terrible medical consequences of the use of nuclear weapons.

When the U.S.A. had all the bombs and could apply the force of "deterrence" to any nation that opposed us, particularly the U.S.S.R., there followed a 30-year interval of relative peace since Hiroshima, August 1945.

Now, the Soviet nuclear arsenal has reached parity with ours, or perhaps has even surpassed it in terms of "throw weight." A nuclear weapons confrontation between the two super powers has reached a terribly dangerous state of MADness—Mutual Assured Destruction. Each nation is threatened with the death of 100 million or more citizens, civilians for the most part, on each side, and the destruction of society, if not the whole world. If any persons do survive, mankind may be set back to pre-caveman days.

There is belligerent talk of "first strike" and a "winnable nuclear war," of "launch on warning," of mass evacuation of large urban centers that has stirred up a ground swell of popular demand for a "freeze," for the reduction of nuclear weapons stockpiles and for the ultimate elimination of these horrors—a popular uprising that our President and the Congress can no longer ignore. This popular uprising is reflected worldwide, except in restricted societies, like the Soviet Union.

At the forefront of this movement is PSR, suddenly grown nationally to over 15,000 in membership. More and more doctors join every day. PSR has organized an international PSR, now with 19 countries represented and a membership of 30,000, including the health professionals in the Soviet Union. Other groups have followed suit: Educators for SR, Students for SR. Lawyers and other professionals are becoming involved. Many church denominations are active in support of worldwide nuclear disarmament.

In Hawaii, from a start with 12 members in August 1981, we now have a chapter membership of nearly 100. Many of us have "preached" at high schools and colleges, churches and service organizations, and at public forums, armed with films and videotapes. We have been to all the Islands, "spreading the gospel," as it were: there will be "no survival, no survivability in any meaningful sense of the word" (as the principal medical speaker in the presentation, Jack Geiger, M.D., of the City College of New York, puts it).

The medical consequences of blast, of thermal effects (second and third degree burns) and of radiation will either be overwhelming and beyond the capacity of surviving medical personnel and facilities to treat, or will be untreatable at best. The "biological" survivors—those still living—will envy the dead, and will sooner or later die horribly, anyway.

As the time-honored healers of mankind's many ills that are often self-inflicted, we physicians should know better than anyone that an exchange of nuclear ordnance, even in a so-called "limited war" (our conventional forces on land, sea and in the

air are all nuclearized) would result in the last, the final, the ultimate epidemic. We know there is no treatment for this "disease"; only "prevention" can avail—or mankind and civilization are doomed, perhaps even the entire planet.

PSR/Hawaii is ready and able to supply those interested in and concerned about "The Unthinkable," with speakers, videotapes and film and appropriate literature supporting our position, which is: That nuclear weapons anywhere and everywhere in the world *must* be eliminated. The only alternative is The Apocalypse.

J.I.F. Reppun, M.D.  
Coordinator, PSR/Hawaii

## Doctor Power

They called it an impossible dream in 1979 when Cesar B. De Jesus, M.D., then president of the fledgling Filipino Medical Association (FMA), challenged his colleagues to provide some positive contribution to their community.

De Jesus proposed a public service project in the form of a free clinic for immigrants, refugees, and other poor and disadvantaged members of the community who are unable to obtain health services through private or public means. Through De Jesus' tireless efforts, with the support of the Catholic Diocese and many professionals in the Filipino community, the Bayanihan Medical Clinic was founded in March 1981.

The clinic stands in Palama, the heart of an area burdened by an immigrant population six times the national average. Furnishings, instruments, and drugs were donated by FMA members. Twenty volunteer physicians, representing all specialties, see patients during convenient evening hours, providing acute care, immunizations, routine physicals, and health education, all without charge. Although the clinic is open to any low-income persons, most patients are immigrants or refugees who present special language, financial, legal, and cultural situations which are easily as unique as their medical problems. Most do not qualify for insurance; almost none receive welfare.

Bayanihan means "working together toward a common goal," and in celebrating the clinic's first anniversary, the Filipino Medical Association can be justly proud. At a time when physicians are perceived as uncaring, these doctors have provided a significant humanitarian service. These FMA physicians have returned to their community a measure of the support they themselves once received.

We can think of no finer example of community service than established immigrants helping new arrivals, or the affluent helping the indigent, or physicians helping patients; it's all epitomized by Bayanihan. We could sure use a few more programs like this. Physicians interested in volunteering a few hours or donating drug samples, instruments, or office equipment, or providing cash support, should contact De Jesus.

JMC

## Workers' Compensation

A small crowd attended the HCMS meeting at Mabel Smyth on May 11, 1982—perhaps 150 at most. An exodus occurred after the panel finished fielding questions, from an audience grown tired of long-windedness (even though the evening's program was not over). We could only conclude that the number of medical members remaining could not have exceeded 0.1% of the total membership of the Society. Those who left early must have been mostly lawyers.

The panel of three consisted of John McConnell, chairman of the state Labor & Industrial Relations Appeal Board; Roland Thom, attorney for the defense (employers and insurance companies); and Hideki Nakamura, claimants' (workers) attorney. What they talked about was very revealing and should have been heard by every physician who has occasion to treat an occupationally injured patient.

How many of us have any concept of the philosophy behind the Workers' Comp Law?

- That the basic presumption is *for* the claimant (worker);



# If You Need Medical Equipment, Bancorp Leasing Can Fill Your Prescription.

This is the Futuralix 90. It's an extremely advanced piece of X-ray equipment, and Straub Clinic has it, thanks to some help from Bancorp Leasing of Hawaii.

"Leasing enables us to take advantage of the newest technology without tying up a lot of capital," explains Phil Nelson, Assistant Administrator at Straub.

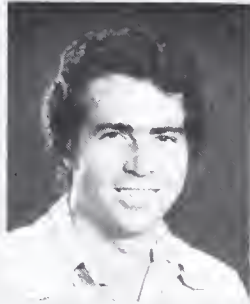
"We talked to a few different leasing companies, but frankly no one could come

close to the excellent lease Bancorp Leasing arranged for us."

Working with Mike Carr, our Director of Marketing, Phil explained Straub's requirements. Mike arranged a lease that suited Straub's needs perfectly.

If you're in the market for medical or other equipment, chances are we can help you lease just about anything you need, for a lot less than it would cost you to buy it.

Give us a call!



## **Bancorp Leasing of Hawaii**

**537-8811**

A subsidiary of Bancorp Hawaii, Inc. and an affiliate of Bank of Hawaii.



- That the employer/carrier has to rebut the claim conclusively, i.e. has the burden of proof;
- That the net weight of this rebuttal must be overwhelming;
- That all reasonable doubts *must* be resolved in favor of the claimant;
- If there is the slightest hint of aggravation of a pre-existing condition, the referee or judge *must* find for the worker.

Thom aptly labeled the law in this state as "liberally construed social legislation."

There can be only one conclusion, if we look far ahead into the future along this path: sooner or later everyone in the work force, or anyone who has ever been in the work force, will be able to claim workers' compensation on the basis of prior wear and tear or stress during the time that he or she was employed.

Nakamura pointed out one other aspect of the workings of the law that should be of considerable interest to the medical profession. We physicians who see these cases have often been put on the horns of a dilemma when it comes to determining medical cause and effect. The law states an employer must inform the physician that injury did, in fact, take place on the job. This rule is, for the most part, ignored by employers, leaving the doctor to make the determination on the basis of the patient's story. We now learn, according to Nakamura, that the physician's decision carries no weight. It is the "legal causation," whatever that means, that counts.

JIFR

## Bluffing

I was watching the police cadet from my car. He was smartly dressed in his new blue uniform, as he accosted some rough characters loitering along the sidewalk. These thugs knew the young officer was a fresh recruit; this might even be his first night's patrol alone down here in "the jungle." Of course, he was well aware that they knew he was a novice. Yet the policeman had to summon his courage, and the authority of his uniform, and wade into the confrontation with confidence.

Perhaps, with enough self-assurance, he'll convince the loiterers that he's not just another rookie to be toyed with. With pluck, he may get them to move along. I sure didn't envy him the job, and was grateful that he was out there instead of me.

At the same time, my thoughts drifted back to another rookie, this one wearing a stiffly-starched white uniform and carrying a too-shiny black bag, facing a ward full of old "chronic lungers" at the West Side VA Hospital in Chicago. These grizzled vets had seen medical students like me come and go for years, and they delighted in their superior knowledge of their diseases. Somehow, I had to earn their respect by feigning confidence without cockiness, in order to elicit their cooperation during my "H&Ps." (Med students considered weak or smug by these vets were fed fanciful histories rich in red herrings, completely at odds with the physical findings!)

The young cop was facing physical danger where I was not, but probably he'd not have agreed to trade places with me; we each choose our own battlefields.

Those are pretty maturing moments, usually in our youth and always alone, when we face adversity which can be overcome only by calm assurance, while in our hearts we are terrified. How to achieve the strength and poise borne of experience, before we've actually had the exposure? How to keep the palms dry and the voice from quavering? It's a lonesome valley we've all walked in various degrees during our careers.

As I drove past him, I watched the young cop do it just the way young medical students did it: he took a deep breath, stood up to his full height, paused momentarily to steady his voice and put on his best friendly-but-determined face, and then just started *bluffing*.

In the rear view mirror I saw the group of thugs disperse; he did it! The cop had pulled it off just like we all did, and still do. In medicine, we have to feign confidence more often than we'd like.

JMC

## A Study of Filipino and Iranian (!) M.D.s

The Office of Medical Education of Jefferson Medical College, Philadelphia, has begun a study of the major problems and concerns of Iranian and Filipino physicians in the United States. Financial support comes from the Educational Commission for Foreign Medical Graduates (ECFMG).

Questionnaires are to be mailed to about 5,500 randomly selected physicians throughout the United States.

In a preliminary survey, 22 Filipino and 23 Iranian physicians were interviewed about factors affecting their career decisions, problems, concerns, and suggestions for alleviating problems.

A majority of the sampled Iranian physicians indicated linguistic difficulties to be a major problem. Fewer Filipino physicians had major linguistic problems, though some felt that their accent had caused difficulties in communication.

Physicians from both countries felt they had suffered from discrimination as foreigners. They perceived this to a greater extent on the part of nurses, administrators and patients than from other physicians.

Certain aspects of the qualifying examinations required for foreign medical graduates posed problems, or were considered inequitable, by many of the interviewees. Some felt the emphasis on basic sciences in U.S. medicine to be excessive. The ECFMG examination and the Federation Licensing Examination (FLEX) were generally considered to be reasonable, but the Visa Qualifying Examination (VQE) was viewed by many as designed to prevent foreign physicians from entering the U.S., rather than to evaluate their qualifications.

Physicians from both countries indicated problems with anxiety, loneliness, homesickness and depression. They expressed concern over separation from families, friends, and native land.

Major factors pulling both Filipino and Iranian physicians to the United States were the high reputation and prestige of American medical education and the relative ease of being accepted into a residency program. The financial support and stipends available in this country were other important incentives for coming.

The physicians were generally positive in their attitudes toward the medical training which they had received in the United States, and in their economic prospects. Many indicated that they would have stayed in their own country if they had not been able to come to the United States.

Factors encouraging some of the physicians to stay permanently in the U.S. were the luxuries which could be enjoyed, and opportunities for leisure time and for keeping up with advances in medicine. Marriage to an American and political instability in their native land were also mentioned as factors keeping them here. Iranians were more likely than Filipinos to state that they would return to their homeland if the socio-political situation became more favorable.

Among the suggestions for alleviating the problems of foreign medical graduates were booklets on American culture (such as that provided by the ECFMG), courses on popular American language and culture, information on available training programs, independent organizations of physicians from each country through which they could share experiences and information, and host family programs.

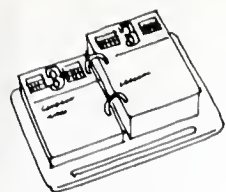
Questions based on these interviews have been incorporated in a questionnaire to be sent to representative samples of physicians from Iran and the Philippines living throughout the United States. Data from this larger group should permit a determination of major problems faced by these physicians in relation to their particular career interests and backgrounds. Additional practical suggestions for alleviating these problems are also anticipated from the larger study.

Jefferson's reason for grouping physicians from such disparate ethnic backgrounds were not clear from the preliminary report.

It is to be assumed that a number of Hawaii's Filipino physicians will be asked to participate in this study.

HAWAII MEDICAL JOURNAL





## Continuing Medical Education

## CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

### LOCAL ACCREDITED PROGRAMS ONGOING

For a complete list of ongoing programs, please refer to the January through June 1982 issues of the Hawaii Medical Journal. Further information regarding ongoing events is available through the individual institutions or through the HMA's CME Department.

### SPECIAL EVENTS

Aug. 7-14, 1982 USC School of Medicine Postgraduate Division, KAM 320, 2025 Zonal Ave., Los Angeles, Calif. 90033. At: Mauna Kea.

Aug. 20-24, 1982 ACP Annual Internal Medical Update (B) University of Hawaii. John A. Burns School of Medicine, 1960 East-West Road, Honolulu, 96822. At: Maui, 25 hrs.

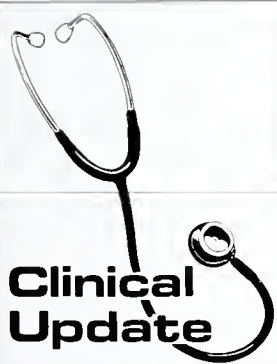
Oct. 1-2, 1982 Eleventh Annual Symposium of the Western Division of the American Geriatrics Society. "Quality of Life: Quality of Care." Contact: American Geriatrics Society, 13220 N. 105th Avenue, Room 12, Sun City, AZ 85351. Fee: \$100.00 U.S. for Physicians, \$50 US for Non-phys. At: Westin Bayshore Hotel, Vancouver, B.C. Hr. for hr. CME.

Oct. 11-14, 1982 Hawaii Medical Association 126th Annual Scientific Meeting. In conjunction with the World Medical Association Council Meeting. Theme: "Something for Everyone." At: Hilton Hawaiian Village. Fee: \$100 for non-members, 19 hrs. Contact: Irene Wong, 536-7702.

Nov. 8-13, 1982 Allergy and Immune Diseases. Contact: Symposium Maui, Box 10185, Lahaina, Maui, Hawaii 96761. At: Royal Lahaina Resort, Kaanapali Beach, Maui. Fee: \$325. Hr. for hr. CME.

#### OUT OF STATE

For information on any out-of-state program or courses, refer to August 4, 1981 Special Issue of JAMA or call the HMA office.



## Breast Cancer Prevention and Detection Knowledge and Behavior in Hawaii

By Georgia L. Putnam, MSW\*

A major objective of the Community Cancer Program of Hawaii (CCPH) is to increase public knowledge and to promote the use of prevention and detection practices in regard to specific types of cancer. Statewide surveys were conducted in Hawaii in May 1978 and February 1981 to measure the impact of CCPH education and information activities in changing public cancer knowledge and behavior. Both surveys were conducted under the auspices of CCPH and carried out through personal interviews with non-military residents age 20 and older; 1,035 in 1978 and 1,616 in 1981. A third survey is being conducted in 1982. Statistically significant results from the surveys regarding breast cancer include:

#### Knowledge

Women were more knowledgeable than men and both showed an increase in

knowledge over the 2½ years on all Islands except the Big Island. Knowledge increased with income and education. Persons of European ancestry knew the most and Filipinos the least, which was related to education and income of these 2 groups.

#### Behavior

Breast self-examination (BSE) practice showed minor fluctuations on the Neighbor Islands; a greater percentage of women on Oahu examined their breasts (up from 83.8% to 88.3%). More women, except those on Maui, were consulting their physicians for BSE instruction—Oahu, up from 35.8% to 54.3%; Big Island, up from 30.4% to 44.9%; Maui remaining the same at 39.0%; and Kauai up from 26.3% to 50.5%. The number of women receiving breast X-rays or physical exams decreased on Oahu (62.2% to 42.4%) and the Big Island (58.2% to 39.8%), while Maui and Kauai experienced only minor changes.

#### Link Between Knowing and Doing

A weak positive relationship was found between knowledge level and prevention/detection practices on all Islands both years; other variables such as ethnicity, age, education and income also influence behavior. Second survey respondents who knew more about breast cancer were slightly more likely to examine their breasts, to use correct BSE techniques, to ask their physician for an exam or X-ray, and to obtain a breast cancer exam or X-ray. Those of European ethnicity, between age 30 and 49, and with higher incomes, are most likely to have

had an exam or X-ray; those age 50 and above and with more education are most likely to practice BSE.

#### Information Sources

Women receive general breast cancer information more from their physicians than from television, magazines, American Cancer Society (ACS) or family and friends. Physicians are also the most frequent source of BSE information. Other sources include pamphlets, television, magazines, and ACS. Physicians are particularly involved in motivating women to practice BSE; over half the women reported that physicians had influenced them the most—no other single source is outstanding. It may be that maximum effect is achieved in a personal instructional setting, as a visit to a physician.

#### Personal Instruction Helps

These findings emphasize the importance of personal instruction in influencing personal behavior about BSE. CCPH and ACS have conducted "Breast Exam/BSE Teach-In Workshops" for physicians. The purpose is to enable physicians to conduct examinations and instruct patients effectively in BSE. Because of the demonstrated influence of the physician as a source of information for breast cancer and BSE, it is imperative for the early detection of breast cancers that Hawaii physicians take an active role in patient education and BSE instruction. Physicians may contact ACS for office posters and pamphlets on BSE.

\*Community Cancer Program of Hawaii, Cancer Center of Hawaii, University of Hawaii. Supported in part by NCI.

# Neonatal Pneumonia in a Community Hospital:

## A Retrospective Study

Lance Terada, B.A. and David Easa, M.D.

• *Pneumonia is a common clinical disorder in the newborn period. We retrospectively studied the charts of 57 infants with radiologically proven pneumonia over a 13½ month period. Although these infants usually had both radiologic and clinical signs of pneumonia, significant microbiological findings were seen in only 2 of 57 infants. We conclude that either more reliable sites, such as tracheal aspirates, need to be cultured, or that the infiltrates seen on chest roentgenograms in these infants represent non-bacterial pulmonary pathology.*

Bacterial pneumonia in the newborn period is a serious condition that can result in significant morbidity and mortality.<sup>1,2</sup> Hence, a high index of suspicion is needed in infants at risk for pulmonary infection. Adequate cultures must be performed and clinical signs monitored closely for an accurate evaluation of infants with respiratory distress. Chest radiographs are also frequently helpful in the evaluation. Ideally, radiologic pneumonia should correlate with clinical and laboratory findings of infection. To investigate this, we retrospectively studied the clinical and laboratory findings of 57 infants diagnosed with pneumonia on chest roentgenogram over a 1-year period.

### Materials and Methods

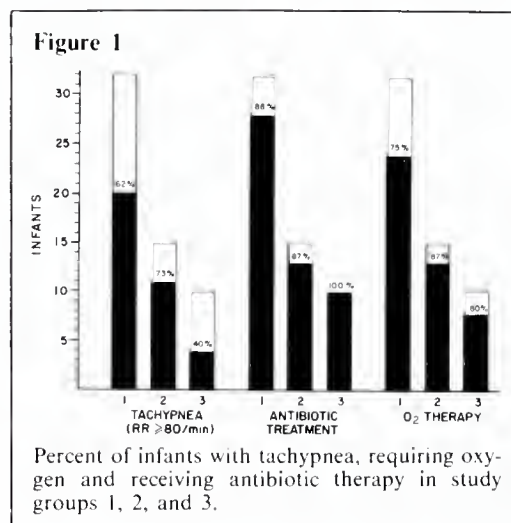
All roentgenogram files of infants admitted to either the nursery or the Neonatal Intensive Care Unit (NICU) at Kapiolani-Children's Medical Center (KCMC) were reviewed from June 1979 through July 1980. Of 6,524 infants admitted to these areas, 57 were diagnosed with pneumonia. Infants with hyaline membrane disease, transient tachypnea of the newborn, and meconium aspiration syndrome were excluded from the study. The medical records of these selected infants were reviewed and pertinent laboratory and clinical data were collected.

Values for respiratory rate were taken as the highest value recorded before the initiation of antibiotic treatment. Tachypnea was defined as a respiratory rate of 80/min. or greater. Hematologic values were obtained from the last differential white cell count performed prior to antibiotic treatment. Bacterial cultures were all performed at the KCMC laboratory and only pure cultures not presumed to be contaminants were considered positive. In gastric aspirate smears, a report of numerous polymorphonuclear leukocytes was interpreted as a positive finding. Infants requiring oxygen were di-

vided into 2 groups: 1) those who required an  $\text{FiO}_2 \leq 0.40$  and subsequently were weaned down to room air; and, 2) those initially requiring an  $\text{FiO}_2 < 0.40$  and later weaned down to room air. Statistical analysis compared mean values by the student's *t* test; clinical observations were compared with  $\chi^2$  analysis.

### Results

The infants with pneumonia were divided into 3 groups based on gestational age. Group 1 included infants  $\leq 37$  weeks gestational age. Group 2 included infants between 32 and 37 weeks gestation. Group 3 infants were  $\leq 32$  weeks gestation. The general characteristics of each group is shown in Table 1. The duration of hospitalization was significantly



greater in the most premature group, compared to the other two ( $p < 0.01$ ). This was due in large part to the general care of the premature infant, rather than specifically related to pneumonia. Also, mortality was not directly related to pneumonia, since, in several instances, the infants had unrelated complications or other serious conditions.

As shown in Table 2 and Fig. 1, oxygen supplementation was frequently required in all 3 groups. The apparent increase in frequency and duration of ventilatory requirements for group 3 infants is not statistically significant ( $0.05 < p < 0.25$  for frequency,  $0.05 < p < 0.1$  for duration).

Table 3 shows that positive culture

findings were obtained only from blood cultures and gastric aspirate smears and cultures. It is noted that most but not all of the infants being evaluated for pneumonia had blood cultures drawn. Furthermore, the indications for spinal fluid and urine cultures in some infants could not be ascertained from the charts. Included in the "other" category were chest tube tips, stools, thoracentesis drainage, eye drainage, and endotracheal tube tips. Gastric aspirate smears and cultures were most frequently positive (5 of 6 smears, 3 of 4 cultures).

In this study, a positive blood culture was assumed to represent a bacteremia associated with the pneumonia, and therefore constituting evidence of bacteriologic etiology. Only 2 of 47 blood cultures grew pathogens. Both of the subjects with positive blood cultures were term babies, weighing 2410 and 2934 grams. Both had rectal temperatures above 101° F, and had negative CSF and suprapubic urine cultures. They had decreased polymorphonuclear leukocyte counts (1140 and 3036/mm<sup>3</sup>) and elevated band to total neutrophil ratios (0.47 and 0.70). One of the infants had a platelet count of less than 100,000/mm<sup>3</sup>. Both had elevated respiratory rates (76 and 90/min.). One infant was hospitalized for 12 days, was given an 11-day course of ampicillin and an 8-day course of gentamicin, and required both supplemental oxygen and ventilation. This infant's blood culture grew *Streptococcus pneumoniae*. The other infant was hospitalized for 13 days, was placed on a 13-day course of antibiotic treatment, including 2 days of ampicillin and gentamicin and 12 days of penicillin G, and required no supplemental oxygen therapy. This infant's blood culture grew Group B  $\beta$ -hemolytic *Streptococcus*.

The majority of subjects in all 3 groups received antibiotic treatment as shown in Table 4 and Fig. 1. Ampicillin and gentamicin were the predominant combination, with some infants also receiving methicillin or penicillin G. The duration of treatment with ampicillin was significantly longer in group 3 as compared with the other 2 groups ( $p \leq 0.01$ ).

### Discussion

In this study, we investigated the clinical and laboratory characteristics of 57 infants with radiologically proven pneumonia in a community hospital setting. These infants showed typical clinical signs of pneumonia, with tachypnea and respiratory distress frequently requiring supplemental oxygen. Only 2 infants with pneumonia had positive blood culture suggesting bacterial etiology. The lack of bacteriologic findings in our series is even more striking than in other reports. Sherman et al<sup>3</sup> found 14 blood cultures positive from a total of 25 infants with clinical and hematologic signs of pneumonia. Davidson et al<sup>4</sup> reported 3 of 25 infants



TABLE 1—GENERAL CHARACTERISTICS

	Group 1 (Gestational age $\geq 37$ weeks)	Group 2 (Gestational age $> 32$ wks. $< 37$ wks)	Group 3 (Gestational age $\leq 32$ weeks)
Total number of subjects	32 (56%)*	15 (26%)	10 (18%)
Birthweight (gms)	3259 $\pm$ 594**	2306 $\pm$ 521	1103 $\pm$ 276
Duration of Hospitalization (days)	7.0 $\pm$ 3.7**	8.7 $\pm$ 4.7	48.9 $\pm$ 33.9
Mortality	5 (16%***)	2 (13%)	2 (20%)

\* Total number of subjects (% of all subjects)

\*\* Mean  $\pm$  1 standard deviation

\*\*\* Number of infants (% of that group)

TABLE 3—RESULTS OF CULTURES AND SMEARS FOR PATHOGENS

	Group 1	Group 2	Group 3
Blood	2/27 (8%)*	0/12 (1%)	0/8 (0%)
Urine	0/13 (0%)	0/6 (0%)	0/5 (0%)
CSF	0/8 (0%)	0/4 (0%)	0/3 (0%)
Other	0/6 (0%)	0/3 (0%)	0/5 (0%)
Gastric aspirate smear	2/3 (67%)	2/2 (100%)	1/1 (100%)
Gastric aspirate culture	2/3 (67%)	1/1 (100%)	0/0
Viral	0/2 (0%)	0/1 (0%)	0/0
Tracheal aspirate	0/2 (0%)	0/0	0/0

\* Number of pure cultures/total number cultures taken  
(% positive of total taken)

TABLE 2—OXYGEN REQUIREMENTS

	Group 1	Group 2	Group 3
FiO <sub>2</sub> $< 40\%$	5 (16%)*	7 (47%)	1 (10%)
Duration (days)	1.4 $\pm$ 0.9**	1.6 $\pm$ 1.5	1
FiO <sub>2</sub> $\geq 40\%$	12 (38%)	3 (20%)	2 (20%)
Duration (days)	1.2 $\pm$ 1.1	2.0 $\pm$ 1.7	9.1 $\pm$ 10.9
Ventilation	10 (31%)	4 (27%)	6 (60%)
Duration (days)	2.0 $\pm$ 2.1	1.5 $\pm$ 1.3	8.0 $\pm$ 10.1
No oxygen administration	8 (25%)	2 (13%)	2 (20%)

\* Number of subjects (% of that group)

\*\* Mean  $\pm$  1 standard deviation

TABLE 4—ANTIBIOTIC TREATMENT

	Group 1	Group 2	Group 3
Total number treated	28 (88%)*	13 (87%)	10 (100%)
Ampicillin	27 (84%)	13 (87%)	10 (100%)
Duration (days)	4.5 $\pm$ 2.3**	4.8 $\pm$ 2.4	7.9 $\pm$ 3.2
Gentamicin	28 (88%)	13 (87%)	10 (100%)
Duration (days)	4.2 $\pm$ 2.1	4.6 $\pm$ 2.3	6.4 $\pm$ 3.5
Other	6 (19%)	1 (7%)	1 (10%)
Duration (days)	4.8 $\pm$ 4.2	1	22

\* Total number treated (% of subjects in that group)

\*\* Mean  $\pm$  1 standard deviation

with clinical and radiologic signs of pneumonia had positive blood cultures.

In our study, 5 of 6 smears and 3 of 4 cultures from gastric aspirates were positive. However, the significance of these findings is questionable, since there is controversy over the relationship of gastric aspirate flora and smear findings to pneumonia. In a study of 68 infants by Ramos and Stern,<sup>5</sup> 3 of 3 subjects with pneumonia had positive gastric aspirate findings (3 or more leukocytes and positive bacterial culture). However, an additional 32 of the 68 infants without pneumonia or sepsis also had positive findings (smear  $\pm$  culture). Yeung and Tam,<sup>6</sup> as well as Mims, et al.,<sup>7</sup> have also found polymorphonuclear leukocytes in the gastric aspirate of a significant number of normal infants.

Recently, Sherman et al.<sup>1</sup> presented evidence that tracheal aspirate smears and cultures provide a sensitive and specific method of diagnosing congenital pneumonia, a conclusion supported by Rajani et al.<sup>8</sup> In Sherman's study, tracheal aspirate and blood cultures were taken from 320 infants at risk for pneumonia. Of 25 infants who had positive tracheal aspirate cultures, 14 also had positive blood cultures. The remaining 11 infants with only positive tracheal aspirate cultures had clinical, radiologic, and hematologic signs of pneumonia. This suggests that tracheal aspirate cultures are a more sensitive indicator of bacterial pneumonia than blood cultures. In our retrospective study, only 2 tracheal aspirates were cultured and both were negative.

In summary, we have found that, in

those infants who presented with clinical and radiologic findings of pneumonia, a bacterial etiology was suggested in only 2 of 57 infants. It is possible that too few sites were cultured, and that blood and gastric aspirate cultures are not adequate to reliably detect neonatal pneumonia. Therefore, we recommend that other cultures be performed on a more routine basis. The tracheal aspirate culture appears to be the most logical. Furthermore, the possibility of a viral etiology appears oftentimes neglected. Thus, an increase in the utilization of viral cultures may be beneficial. It is also possible that the incidence of bacterial pneumonia is lower than radiologic evidence would indicate, and that a significant number of infants are being overtreated with antimicrobial therapy.

## ACKNOWLEDGMENT

This study was supported by a grant from the Hawaii Thoracic Society.

## REFERENCES

- 1) Baker CJ, Berret FF: Group B Streptococcal infections in infants: the importance of the various serotypes. *JAMA* 1974; 230:1158.
- 2) Horn KA, Meyer T, Wyrick B, Zimmerman R: Group B Streptococcal neonatal infection. *JAMA* 1974; 230:1165.
- 3) Sherman MP, Goetzman BW, Ahlfors CE, Wennberg RP: Tracheal aspiration and its clinical correlates in the diagnosis of congenital pneumonia. *Pediatr* 1980; 65:258.
- 4) Davidson M, Tempest B, Palmer DL: Bacteriologic diagnosis of acute pneumonia: Comparison of sputum, transtracheal aspirates, and lung aspirates. *JAMA* 1976; 235:158.
- 5) Ramos A, Stern L: Relationship of premature rupture of the membranes to gastric fluid aspirate of the newborn. *Am J. Obstet. Gynecol.* 1969; 105:1247.
- 6) Yeung CY, Tam ASY: Gastric aspirate findings in neonatal pneumonia: *Arch. of Dis. in Child.* 1972; 47:735.
- 7) Mims LC, Medawar MS, Perkins JR, Grubb WR: Predicting neonatal infections by evaluation of the gastric aspirate: A study in two-hundred and seven patients. *Am. J. Obstet Gynecol.* 1972; 114:232.
- 8) Rajani KB, Goetzman BW, Wennberg RP: Early diagnosis of group B Streptococcal pneumonia using tracheal aspirates (letter). *Pedia.* 1978; 61:329.



Friday, April 2, 1982  
5:30 p.m.  
320 Ward Avenue, Suite 200

#### PRESENT:

Drs. Ann Catts, Calvin Kam, K.Y. Lum, Neal Winn, Herbert Chinn, William Iaconetti, Thomas Cahill, Michael Savona, Ernest Bade, Kenneth Grant, James Lumeng, Philip Hellreich, Stephen Wallach, Henry Fong, Nadine Bruce, Walter W.Y. Chang, Arch Wigle, Russell Stodd, Peter Kim, Alan Hawk, George Goto, Donald Char, Charlotte Florine, Sakae Uehara, Doris Jasinski, Robert Sitkin, Drake Will, Mr. V. Thomas Rice, and Mrs. Gwen Fu. Staff present were: Messers Won, Jones, Leineweber, and Mmes Kendro, Chang, Wong, and Asato.

#### CALL TO ORDER:

The meeting was called to order by President Catts at 5:30 p.m.

#### MINUTES:

The minutes of the previous meeting were approved.

#### REPORT OF THE SECRETARY:

Council reviewed February and March 1982 reports. The February totals showed 1,137 members of which 761 were full-pay, compared to the same period in 1981, when total membership was 933 with 676 full-pay members. The March 1982 report showed a total membership of 1,149 with 764 full-pay members; March 1981 had a total of 938 members of which 674 were full-pay. This shows an increase of 211 total members. While the increase in full-pay members was 90, the largest increase was 115 special waived members, due to the number of students and residents who have joined as special waived members; the hope is many of them will become full active members.

#### REPORT OF THE TREASURER:

Financial statements for January 31, 1982, and February 28, 1982, were reviewed. The January statement showed income at \$86,757.61, expenses of \$83,214.50, with a net increase of \$3,543.11. The dues are coming in slowly and are \$24,000 behind the projected budget for January. The February statement showed total income at \$157,364.95 and expenses of \$140,786, with a net increase of \$16,578.94. The cash income is

rising as the dues come in; however, dues income is still \$70,000 behind projected budget at this time. Further reminders will be sent to all who have not paid as yet. In spite of the dues still outstanding, the budget reflects a pretty good financial picture.

#### ACTION:

**The January and February financial statements were approved, to be filed, subject to audit.**

#### DELINQUENT DUES LIST:

A listing of a number of members who are delinquent in paying dues was reviewed by Council. There were 148 members total, of whom 96 had not made any payment at all. Some of the members were pending dues waiver, resignation, or possible extension to pay. The total amount due from all the members listed is \$70,888.75; this is the amount shown on the financial statement reflecting the amount of dues income that is behind projected budget for February. Reminders will be mailed to all the delinquent members listed. A request for a prorated refund of 1982 dues was made by Dr. Virginia Zimmerman, as she submitted her resignation after she paid her full 1982 dues.

#### ACTION:

**A prorated dues refund for 1982 was voted to Dr. Virginia Zimmerman, who has resigned.**

#### ACTION:

**Dr. Verne Waite will remain on an over-70-and-retired membership status.**

#### AUXILIARY REPORT:

Gwen Fu reported the Auxiliary had formed a long-range planning committee; among its activities is review and revision of bylaws. The annual combined HMA and HCMS Auxiliary meeting May 20, 1982, includes installation of new officers of both auxiliaries. A resolution will be submitted to the AMA at the annual meeting in Chicago in June 1982 for an additional Auxiliary delegate to AMA. Contributions collected from the county auxiliaries (Hawaii County the highest) thus far amount to \$3,028.23. The HMA Auxiliary is presenting a \$2,419.18 check to AMA-ERF, which is far below previous contributions. These contributions are for the UH Medical School, to be presented May 15 at the school's graduation exercises. A question was raised on whether HM Journals will be mailed to the homes of the members so the spouses can read them also. Becky Kendro stated it was not yet possible to program this into the computer; however, this will be checked into. Dr. Catts indicated that this will not be dropped; perhaps it will become possible soon without a complete reprogramming expense. Dr. Doris Jasinski mentioned that there is an Auxiliary column in the Journal now.

#### REPORTS OF COMMITTEES AND COMMISSIONS:

**The Cancer Commission: Dr. Drake Will** reported on the site visit for the Hawaii Tumor Registry; HTR was given the second highest rating in the nation, as well as the highest rate of follow-up of all the states. The Tumor Registry has obtained full funding at the present level for another 3 years. Without assistance from HMA staff and 2 people from Cancer Center, the registry would not be back in good shape; more improvement is hoped for. This registry is No. 1 in quality; there is only one other registry that reports the type of information that HTR has available. American Cancer Society wants to set up liaison with the HMA Cancer Committee, to include a diversity of members to manage all of the problems and to parcel out jobs. The Cancer Committee favored this, but preferred to refer this to the Cancer Commission for decision. Council commended Dr. Will and the Cancer Commission for the outstanding leadership in overseeing the Tumor Registry.

**Interprofessional/Public Affairs: Dr. Florine** reported on the Hawaii Science and Engineering Fair, held April 17-24, 1982. The Public Affairs Committee was responsible for judging the medical exhibits, and presented 8 well-deserved awards, certificates and cash to intermediate and high school students for outstanding medical exhibits; 16 honorable mentions were also awarded.

**Publications Committee: Dr. Jasinski** stated a letter had been received from Dr. Winfred Lee, taking exception to an editorial by Dr. John Corboy, published in the HM Journal about PSRO, not in keeping with the actions taken by Council and the 1981 House of Delegates. Dr. Lee's concern was that there must be clarification between the opinion of an individual member and an editorial which should reflect the policy of the entire HMA. Dr. Lee feels that individual opinions should be freely and democratically expressed, but that it should be clearly stated that it is an individual opinion and not necessarily the feelings or policies of HMA. Dr. Jasinski presented a reply from "the Editors of the Journal" in response to Dr. Lee's letter, to be published forthwith, along with a response from Dr. Corboy. The "Editorial" page in the Journal was changed lately to "Editorials and Opinions." After a rather lengthy discussion, it was referred to the Media Response and Publications committees for further study, a resolution of the concerns to be brought back to Council.

#### Health Services and Care

**Community Health Care: Dr. Donald Char** discussed a letter to Dr. Sheridan Weinstein, commenting on the 3 programs in the state of Hawaii funded through the Community Health Centers program of the DHHS. The 3 programs involved were: Kaiser Foundation Health Plan, Y5/Z5; Hawaii State Dept. of Health 3 component clinics on Oahu, in



particular the Waikiki Health Clinic; and the Waianae Coast Comprehensive Health Center. The Community Health Care Committee had reviewed these programs and made recommendations for Council approval; to wit, for HMA to support the continuation of the Kaiser Y5/Z5 Plan and the Waikiki Health Clinic; not to support the continuation of the Waianae Coast Comprehensive Health Center, as it does not demonstrate potential for becoming self-supporting. There were a number of comments from Council about the Kaiser Plan and several concerns expressed. The Kaiser Y5/Z5 Program is designed to serve the "gap" group. However, concerns were raised that patients are being recruited away from private physicians. After considerable discussion, it was decided that HMA should not support the Kaiser program until more information is obtained.

#### ACTION:

**Further study of the Kaiser Y5/Z5 Plan** be referred back to the Community Health Care Committee, as the Council does not agree with the committee's recommendations at this time; the committee should re-evaluate this plan and come back to the Council with more definite information.

**Public Health:** Dr. James Lumeng reported on the committees under this commission:

**Cancer Committee:** This committee continues to work with **Dr. Drake Will** and the liaison with the American Cancer Society.

**Substance Abuse:** Continue to work with the legislature on related bills based on the implementation of the block grant approach for substance abuse programs.

**Sports Medicine Committee:** This committee has been very active, put on a well-attended seminar, and has held several other meetings. They have been getting team physicians together to discuss mutual problems, as well as meeting with coaches.

**Chronic Illness and Aging:** This committee is becoming quite active again, regularly scheduled monthly meetings.

**Medical Education:** **Dr. Nadine Bruce** reported on the March meeting of the HMA/CME Committee; after review of the Maui Federation of Emergency Physicians, reaccreditation was denied. When the federation was first accredited, there was much controversy whether the federation should go through the Maui Memorial Hospital for accreditation of their programs or be accredited as a separate agency. The federation appealed, as their intention was to present programs of statewide interest and not just for local or hospital physicians. Review of the federation revealed they have presented only 1 program outside the hospital; in addition, all the essentials for Category I were

not being met. A letter has been written to the federation, suggesting that for the next year they go through the CME Committee at Maui Hospital for program accreditation; if, during that time, they can prove they will be providers of quality programs outside the hospital and the programs are geared for statewide appeal, they may then reapply for accreditation to the HMA/CME Committee. **Dr. Iaconetti** mentioned he had attended the 1 program outside the hospital and it was an excellent program with an outstanding speaker from California. He has also attended 2 or 3 other programs presented by the federation, which were presented in the hospital. The HMA/CME Committee concluded the Federation does present very good programs, but they have not fulfilled their intent of presenting statewide programs, rather programs more geared locally.

**Legislation:** **Dr. George Goto** reported this session has been a very active one. A few of the bills that did not pass were: informed consent for breast cancer; living will; look-alike pills (in spite of the vigorous effort on HMA's part); and funding for midwives through DSSH. The bill regarding the Board of Medical Examiners is still alive and most likely will pass. **Dr. Goto** commended **Becky Kendro** for her excellent work and the many fund-raisers she has attended this year. She has devoted energetically a great deal of time as lobbyist for HMA.

WATCH FOR  
MODEL UNIT

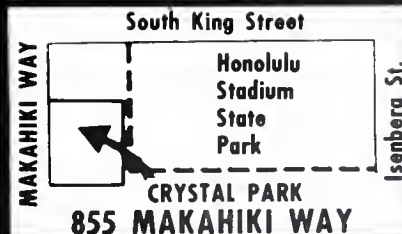
EXCELLENT  
FINANCING

# SOLAR POWER



**CRYSTAL PARK 49 one and two bedroom leasehold condominium residences.**

- SOLAR WATER HEATING
- HEAT PUMP BACK-UP
- HEAT REFLECTIVE GLASS
- LOW MAINTENANCE FEES



**A CRYSTAL PARK CORPORATION DEVELOPMENT**  
**Exclusive Sales Agent**



**ISLAND LAND**  
COMPANY INCORPORATED

**942-3702**  
**COURTESY TO BROKERS**

Announcing...



THE  
HAWAII MEDICAL  
ASSOCIATION  
  
126TH  
ANNUAL  
SCIENTIFIC  
MEETING  
IN  
CONJUNCTION  
WITH THE  
WORLD  
MEDICAL  
ASSOCIATION  
COUNCIL  
MEETING

October 11-14, 1982  
Hilton Hawaiian Village  
Tapa Ballroom

The  
Scientific Program Committee  
Presents

**"Something  
For  
Everyone"**

Plenary Sessions beginning  
at 7:30 a.m. to 12 noon will  
provide an opportunity  
for audience participation at  
each of the 4 sessions held  
daily. No registration or  
course fee for HMA  
members.

As an organization accredited for continuing medical education, the Hawaii Medical Association verifies that the continuing medical education activities designated Category I meet the criteria for Category I on an hour-for-hour basis (up to 19 hours) for the Physician's Recognition Award of the American Medical Association.

Becky stated that there will be a summarization of all the medical, health related bills and what happened to them. The bill on look-alike pills will be modified so that it may be promoted again next legislative session. It usually takes more than 1 year for a bill to get passed; this was the first year for the look-alike bill. The bill on interferon has been modified and will go back to the Cancer Commission.

**EMS:** Dr. Robert Sitkin stated there is a resolution in the legislature for a legislative audit for the training program regarding finances. The ambulance services will be kept by City and County, and the State will set up guidelines.

**MIEC:** Mr. Won reported there are now 67 physicians who have selected MIEC. A few doctors have joined HMA in order to be covered by MIEC. MIEC has now been approved to cover hospital liability insurance. A bulletin called "Claims Alert" will be sent to all MIEC members. The main purpose of this is to remind physicians how to document their charts and the importance of accurate documentation. There will also be information on this in the HCMS governors bulletin.

**A&T Printing, Inc.:** Jon Won reported A&T is holding its own financially. They have problems occasionally on time limits, as they have to send the typesetting out and sometimes there is a wait. There are only 3 typesetters in Honolulu. A&T hopes eventually to acquire its own machine and camera. Search is going on for another location for A&T, as it requires additional space.

**Business/Medicine Coalition:** The disability subcommittee presents a program at the HCMS Membership meeting on Tuesday, April 6, 1982, at Mabel Smyth auditorium. The speakers, 2 from big industry and 1 physician, will cover "Medical Disabilities" and the costs involved. The hotel industry submitted a draft of a return-to-work certificate of illness or injury. It is a 1-page form—the employee completing the upper portion and the physician completing the lower half. Some legal aspects must be checked by Legal Counsel as to disclosure of individual diagnoses. Input has been requested from the Peer Review and Medical Care Plans and Fees committees. This draft also will be distributed at the April 6 membership meeting for input.

**ACTION:**

**HMA Council endorses the concept, seeks legal counsel and refers the draft certificate back to the Business/Medicine Coalition for further study, to be brought back to Council.**

**HAMPAC:** Dr. Allan Kunimoto will be the chairman of HAMPAC for the coming year.

**REPORTS OF COUNTY SOCIETY PRESIDENTS:**

**A. Honolulu:** Dr. Cahill remarked on

the coming membership meeting April 6. The Board of Governors, after many discussions and examination of results of a survey to members, submitted a list of recommendations to the Hawaii Medical Library. When these have been reviewed and acted on by the library board, information will be brought back to Council.

**B. Hawaii:** Dr. Ernest Bade reported that at their last Society meeting, Sue Asano, senior consultant for Physicians Management Services, presented an excellent program on practice management and problems involved. Dr. Bade discussed the scheduling of HMA committee meetings, which are always at times that are inconvenient for Neighbor Island members to attend. Most convenient would be Fridays; evenings are best; noon meetings are almost impossible. Dr. Catts suggested that perhaps the Neighbor Island doctors appointed to Council could try to attend committee meetings at noon if they could be held on the Friday Council meeting is scheduled. This matter will be referred to committee chairmen to communicate with committee members from the other Islands to see what might be worked out. The possibility will be explored for a Watts line or conference phone hook-up of some type for interIsland input for certain meetings.

**C. Maui:** Dr. Michael Savona reported that the Maui Society has organized a series of monthly meetings which also qualify for CME. The speaker at this month's meeting was Dr. Iaconetti; attendance was very good; it was an excellent program. Dr. Savona suggested that, if any of the Honolulu members would be interested in presenting a program for the Maui Society, they could be reimbursed for their air fares. Meetings are held on the 3rd Tuesday of each month in the early evening and would allow time to catch the late flight back to Honolulu. Contact Dr. Savona if you are interested.

**D. West Hawaii:** Dr. Kenneth Grant reported the West Hawaii Society will be holding regular monthly meetings on the Tuesday following Council meeting each month. At its last meeting, the Society's new officers were elected and installed. Efforts continue in getting the hospital completely reopened. All the beds are now open and more nurses have been hired. Dr. Grant asked Council's advice concerning an ancillary organization of nurse midwives. This group has been holding meetings apparently on the behest of the DOH. Dr. Grant would appreciate any rules and regulations for criteria governing nurse midwives. Dr. Winn stated that they must be certified nurse midwives and under the supervision of a doctor. Dr. Grant stated it looks like the group wants to drop "nurse" from the regulations. Council will obtain information from the DOH and the ob/gyn association.

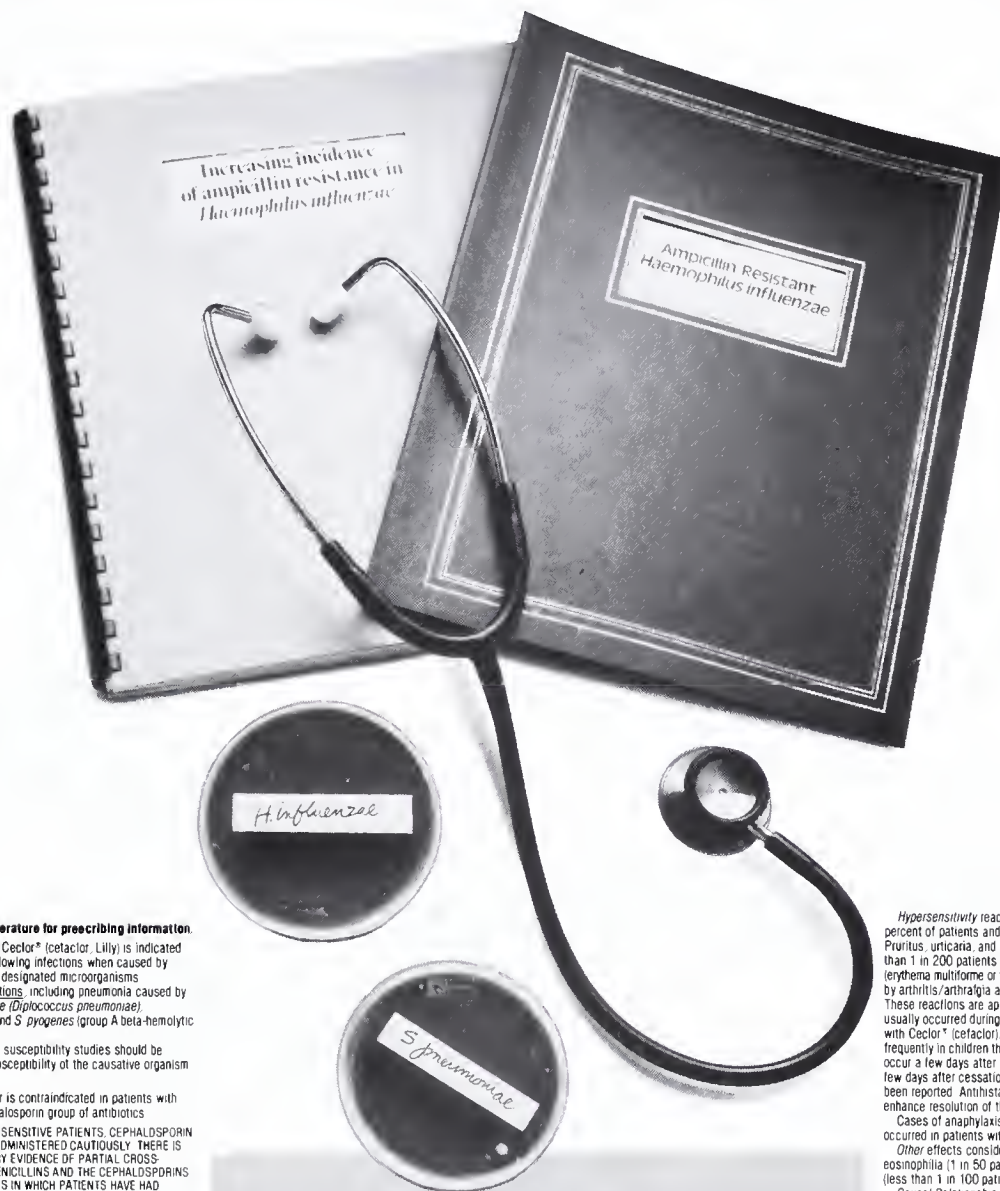
**OTHER BUSINESS:**

**A. Physician/Nurse Relationships:** Dr.

HAWAII MEDICAL JOURNAL



# An added complication... in the treatment of bacterial bronchitis\*



## Brief Summary

Consult the package literature for prescribing information.

**Indications and Usage:** Cefaclor\* (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

**Lower respiratory infections**, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefaclor.

**Contraindication:** Cefaclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefaclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Precautions:** If an allergic reaction to cefaclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefaclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefaclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with ClinTest\* tablets but not with Tes-Tape\* (Glucose Enzymatic Test Strip, USP, Lilly).

**Usage in Pregnancy:** Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in terrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

**Usage in Infancy:** Safety of this product for use in infants less than one month of age has not been established.

**Adverse Reactions:** Adverse effects considered related to cefaclor therapy are uncommon and are listed below.

**Gastrointestinal symptoms** occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

As with other broad spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Cefaclor.

**Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Cefaclor.<sup>1-6</sup>**

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cefaclor.<sup>7</sup>

# Cefaclor®

## cefaclor

Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthritis and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefaclor\* (cefaclor). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain:** Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic:** Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic:** Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal:** Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[1002819]

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

**Note:** Cefaclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

## References

1. Antimicrob. Agents Chemother., 9:91, 1975.
2. Antimicrob. Agents Chemother., 11:470, 1977.
3. Antimicrob. Agents Chemother., 13:584, 1978.
4. Antimicrob. Agents Chemother., 12:490, 1977.
5. Current Chemotherapy (edited by W. Siegenbather and R. Luthy), 11:880. Washington, D.C., American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases edited by G.L. Mandell, R.C. Douglas, Jr. and J.E. Bennett, p. 487. New York: John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc., Carolina, Puerto Rico 00630.

200066

# WOW!

## SUPER LOW TERM RATES FOR THE PROFESSIONAL

We now offer even more for your premium dollar.

### Annual Renewable Term Rates\* to age 100

AGE	\$100,000	\$250,000	\$500,000	\$1,000,000
30	\$ 96	\$ 197	\$ 353	\$ 645
35	96	197	535	653
40	111	237	439	818
45	139	389	525	998
50	182	419	780	1365
65	656	1542	2914	5723

\* Policy fee included, based on non-smoking applicant (smokers slightly higher) 6 year age set-back for females.

- A and A+ Best rated companies
- Group plans for 1 or more
- Computerized illustrations available

**South Pacific Insurance  
Agency**  
 **524-0000**

Full information is available through  
the qualified life insurance underwriter  
of your choice — He knows our reputation — or call

Dietmar G. Poelzing, General Agent  
1136 Union Mall, Suite 601, Honolulu, HI 96813

Catts reported on a meeting held with the nurses' association, nursing school, UH, DOH and chairman of Health Manpower. There was a very good response from all present to establish a better working physician/nurse relationship. Many changes have taken place over the last few years, and the nurses are most anxious to hear from the physicians as to how they feel about the situation. The nurses' association will be conducting a survey of all nurses. HMA will plan to conduct a survey of its members on physician/nurse relationships. Results from these surveys will be examined at another meeting, hopefully within a couple of months.

**B. Peer Review/Foundation for Medical Care:** With the closing of PacPSRO, another mechanism must be found to continue peer review for quality as well as utilization. The Foundation for Medical Care has been reactivated, with **Dr. Sakae Uehara** as president. It is of great concern that peer review not be left up to the individual hospital or to third-party carriers or to the State. The foundation has been asked to study the feasibility of developing an independent physician-directed peer review organization. Dr. Uehara has agreed to consider this, providing there is some way the organization will have clout and can be financially supported. It will be necessary to determine if the hospitals will be receptive to this type of physician-directed peer review.

#### ACTION:

**The Foundation for Medical Care, and Dr. Sakae Uehara, president, should examine the feasibility of developing an independent, physician-directed peer review organization.**

**C. PacPSRO Data:** Jon Won has been negotiating with PSRO to transfer all of its data records, etc. to the HMA offices. PSRO has just been granted permission to make this transfer of all data. HMA must keep all of this data for a period of at least 3 years.

#### ACTION:

**HMA to house all PacPSRO files, records, all data, etc. for a period of at least 3 years.**

**D. HMA Travel Club:** HMA has joined with Century Travel, located in the Ward Plaza, to establish the HMA Travel Club. All the equipment will be at the Century Travel offices; there will be 1 or 2 agents exclusively for HMA, as well as a direct HMA telephone line. HMA did not put any monies up front. Any commission monies remaining after overhead has been deducted will be split 50/50 between HMA and Century. HMA members who use the Travel Club will receive a discount on hotel reservations and car rentals; at the end of the year, members will also receive a proportionate rebate for any trips they have arranged through the Travel Club. The division or amount

(Continued on page 237)

## BACK TO WORK

Our prescription calls for the successful rehabilitation and return to gainful employment of injured workers, after their immediate medical needs have been treated. Our follow-on program of medical management includes motivational counseling, work evaluation and complete vocational planning.



For full information visit us or call 944-5546

**Judith D. Bywater, MEd., CRC, Inc.**

Certified Rehabilitation Counselors

1400 Kapiolani Blvd., Suite C-11 • Honolulu, Hawaii 96814 •



## PEQEX

**NEW & RECONDITIONED  
MEDICAL EQUIPMENT  
FOR SALE**

- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT

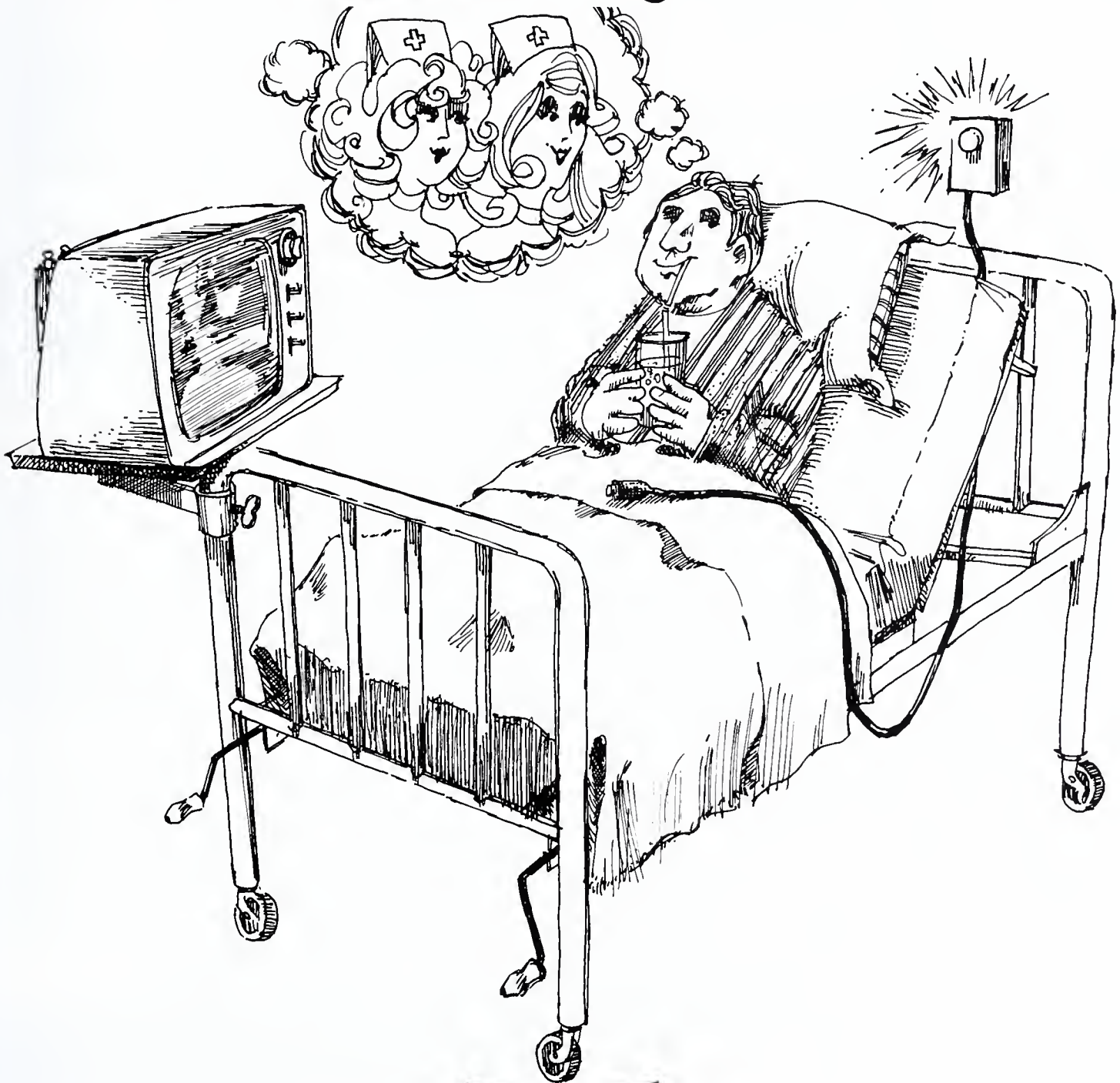


**PHYSICIAN'S EQUIPMENT EXCHANGE, INC.**  
866 IWILEI RD., 207/HONOLULU, HI 96817

**537-2724**



# Is hospital care still to his benefit now?



Spare him the discomfort of an extra bundle of hospital bills.

When it's time to discharge a patient, remind him that HMSA can still cover therapy and diagnostic work



on an out-patient basis.

It's less expensive, and another way doctors and HMSA can help the people of Hawaii hold down the cost of their medical care.

**HMSA Utilization Review Department Ph 944-2355**  
**Hawaii Medical Service Association**



Harry L. Arnold Jr., M.D.

## Over the Editor's Desk

Monoclonal antibodies produced by hybridomas made from mouse leukemia cells have been successfully fused with ricin, and used to carry that incredibly deadly poison directly to leukemia cells in mice, Uhr, Vitetta, and Kroleick (of the University of Texas Southwestern Medical School in Dallas), announced in the February 18/24, 1982 issue of *Nature*. As the song says, "This may be the start of something great!"

\* \* \*

Need a cabinet for storage of computer discs and printouts? You ought to look at Roll-out Conserv-a-data lateral cabinets. Ask Sharon Krutzel of Supreme Equipment and Systems Corp., 170 53rd St., Brooklyn, N.Y. 11232, or phone (212) 492-7777.

\* \* \*

A new reusable maneuverable intubation guide called Flexguide, for inserting an endotracheal tube, is announced by Flexguide Division of Scientific Sales International, Box 867 Ravinia Station, Highland Park, Ill. 60035. Mention us!

\* \* \*

The L-Cath Subclavian Catheter Set features a "breakaway" needle, which is completely removed following insertion. It's made of radiopaque, biocompatible polyurethane, so soft that it floats inside the vein but so strong it can be threaded without a stylet. Ask Bruce Belman, Luther Medical Products, Inc., 3020 Enterprise St., Costa Mesa, Calif. 92626, or call (714) 557-5963.

\* \* \*

What do male homosexuals, renal dialysis patients, and the institutionalized mentally retarded have in common with physicians who perform minor surgery without gloves (as a great many dermatologists do)? Answer: high liability to infection with hepatitis B virus and hence to liver cancer. Sexual partners and household contacts of HB virus carriers, and babies born to HB virus carriers, are also at high risk. All these may be candidates for hepatitis B vaccine, though it costs roughly \$150 for the required injections. See the editorial by Harvey Alter in the April 23/30 issue of *JAMA*.

\* \* \*

If you order cherries jubilee or a flaming drink or flaming sword dinner, next time

you're out, order a wet towel along with it, suggests Bruce Achauer, M.D., in the April 23/30 issue of *JAMA*. You may need to give, or get, first aid for burns. It's been happening a lot lately.

\* \* \*

Are you called on to advise industrial or agricultural employers about protective equipment for hazard to eyes, face, or respiration? Recal Airstream, Inc., 7309 A Grove Road, Frederick, Md. 21701, offers a new lightweight mask to protect against dust, mist, and fumes, radionuclides, and radon "daughters," called the AC3 Crown System.

\* \* \*

"Viral Hepatitis: Differential Diagnosis," available either as 16-mm film or ¾" videocassette, can be obtained without charge on loan from Abbott Laboratories Audio-Visual Services, 708 N. Dearborn St., Chicago, Ill. 60610. Case histories of 4 representative victims are presented.

\* \* \*

"Over 55: A Handbook on Health," by Theodore G. Duncan, M.D., a board certified internist and the author of "The Diabetes Fact Book," has just been published by the Franklin Institute Press and is for sale for \$27.50 in hard cover; it has 633 pages. It's aimed at people over 55 and those who are concerned with their problems. Ask your bookstore for it.

\* \* \*

Do you have to calculate and interpret the results of lung tests made with mechanical spirometers? If so, CDX Corporation's new Spirocomp module, a hand-held computer, is for you. Ask John DeNigris at (212) 686-9400, or write him at 200 Madison Ave. 1008, New York, N.Y. 10016.

\* \* \*

Do you ever have to take a blood pressure reading in a noisy place? The Audioscope, at \$49.85 with a dual chest piece, or \$63.95 with a Sprague Rappaport one, plus \$2 for shipping, may be just what you need. Health & Safety Products, Box 778, Palm Harbor, Fl. 33563, will sell you one.

\* \* \*

The World Medical Association's Continuing Medical Education meeting is to be held in Honolulu October 11-14, in conjunction with the Hawaii Medical Association's annual meeting. It affords registrants 19 hours of Category 1 CME credit, in case you're a little short. Live clinics at hospitals, and video clinics, will be featured.

\* \* \*

A year-long correspondence course in trauma management affording 39 hours of AME Category 1 credits toward the Physician's Recognition Award is being offered (with ACS sponsorship) by the Trauma Committee of the New Jersey Chapter of the American College of Surgeons. Send your \$275 to Nassau Publications, Inc., Box 1291, Princeton,

N.J. 08540. Kenneth G. Swan, M.D., heads it up.

\* \* \*

Non-irritating suppositories, reputedly as effective as liquid enemas, which work by generating carbon dioxide, are offered by Beutlich, Inc., 7006 N. Western Ave., Chicago, Ill. 60645. Called CEO-TWO, they're to be sold over the counter in packages of 10.

\* \* \*

Ohio treats 'em rough: a pharmacist there, convicted of selling unapproved drugs, including an illegally marketed generic diuretic in place of Lasix, was given a 5-year suspended jail term, 60 days in jail, and a \$5,000 fine; he was also required to give up his license, sell his drug store, and pay all court costs.

\* \* \*

You can believe it: Video Fish One is an experimental videotape depicting fish swimming, an experience thought to reduce stress in viewers. Candle Corporation in Los Angeles, at 10880 Wilshire Boulevard 2404 (90024) offers it at \$35 for VHS and Beta, \$50 for ¾ inch. Videodiscs aren't priced yet.

\* \* \*

For \$24 a year, you can have a charter subscription to a new journal: the *Archives of the Society for Clinical Ecology*. The spring 1982 edition is just out, Volume 1, Number 1. They say they will try not to advertise drugs or products that will contribute to ecologic illness, which seems an impossible goal, though an admirable one. Allergists, at least, can hardly afford not to subscribe. Lawrence D. Dickey, M.D., 109 West Olive St., Fort Collins, Colo. 80524, is the man to write.

\* \* \*

Hematin, for treating hepatic porphyria, won't make much money for any manufacturer, so no-one has volunteered to ask the FDA for permission to make and market it—until Abbott Laboratories, bless their kind heart, stepped into the breach and offered to sponsor the orphan drug.

\* \* \*

Facing office management problems? Control-O-Fax Corporation, at 3070 W. Airline Hwy., Waterloo, Iowa 50704, will send you a free sample kit to help you get started.

\* \* \*

Oraflex (benoxaprofen), Lilly, has just received FDA approval; 600 mg once a day is a well-tolerated dose in the management of arthritis. Photosensitivity may occur.

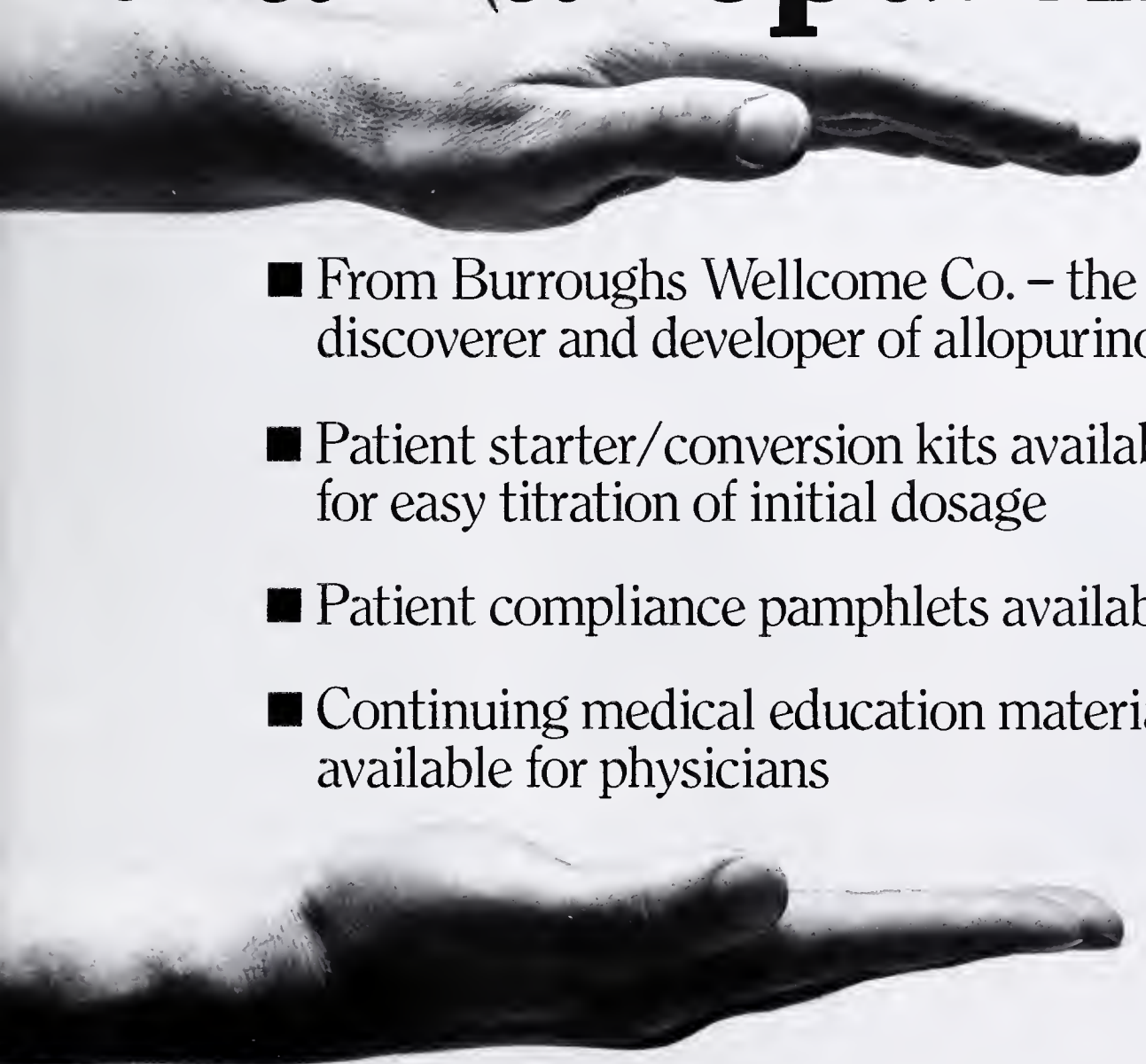
\* \* \*

The Model 8000 Sector Imager Echocardiography System, a new high-resolution, modestly priced ultrasound system for cardiac assessment, is announced by Del Mar Avionics, 1601 Alton Ave., Irvine, Calif. 92714.

(Continued on page 236)



# There's more to ZYLOPRIM<sup>®</sup> than (allopurinol).



- From Burroughs Wellcome Co. – the discoverer and developer of allopurinol
- Patient starter/conversion kits available for easy titration of initial dosage
- Patient compliance pamphlets available
- Continuing medical education materials available for physicians

**Prescribe for your patients as you would for yourself.**

*Write "D.A.W.," "No Sub," or "Medically Necessary,"  
as your state requires, to make sure  
your patient receives the original allopurinol.*



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709

Is the FDA really trying to be helpful? They officially expressed interest, on September 11, in getting help from the Institutional Review Boards in the early phase of investigation of new drugs (Federal Register 46:45538, 1981).

\* \* \*

Physicians may hope for help, too, from the U.S. Pharmacopeial Convention, whose executive director, William Heller, urged the FDA recently to join the USP's existing drug-use information system instead of going it alone with its patient package (shudder!) insert program.

\* \* \*

Institutional Review Board scrutiny of all research involving human subjects was mandated by the FDA as of July 27 last.

\* \* \*

Could the new USP Dispensing Information System (the "USP DI") gradually replace the now indispensable but terribly dangerous PDR? We devoutly hope so, since there seems no hope of getting irrelevant warnings out of that best-seller. (Florida bookstores have stacks of them for sale, we were told.) We really need a sensible, meaningful way of informing patients about drug side effects that should be watched for.

\* \* \*

Frank Chappell, AMA's Science News Editor for 20 years, has just announced his retirement — different sorts of writing, traveling, and "a lot of loafing." He has been doing a fine job and we'll miss him.

\* \* \*

A new microprocessor-controlled hematology analyzer with a dual aperture system for rapid "throughput" (!) is announced by Sequoia-Turner, 755 Raven-dale Dr., Mountain View, Calif. 94043.

\* \* \*

Between 1973 and 1977, the one-year survival rate after kidney transplantation rose from about 72% to almost 90%, according to the Standards Committee of the American Society of Transplant Surgeons.

\* \* \*

Dr. George H. (for Hiilani) Mills, president of the American Medical Association's Education and Research Fund (AMA-ERF), announced a \$2,000 grant to each of 18 senior medical students, from a bequest of the widow of Rock Sleyster, M.D., AMA president in 1939-40.

\* \* \*

Louis M. Aledort, M.D., of the Mt. Sinai Medical Center, points out (JAMA 246:157, 1981) that paid plasma donor programs are essential to the production of such by-products as factor VIII (now available to U.S. hemophiliacs at about one-fourth of the price elsewhere in the world).

\* \* \*

Health Data Products, 22 E. Anapamu St., Santa Barbara, Calif. 93101, offers MOMS, a complete computer accounting/billing service for small office practices, including hardware, software, installation, training, and maintenance, for \$900 a month or less.

\* \* \*

Concerned with obesity management? Write the Calorie Control Council at 5775 Peachtree-Dunwoody Road, Suite 500 D, Atlanta, Ga. 30342, for their publication, "Calorie Control Commentary." It's full of information.

\* \* \*

"Handling Patient Telephone Calls Effectively," a publication accompanied by cassette tapes and work sheets, teaches telephone receptionists how to manage calls for information, advice, revenge, or medical emergencies. Send \$17 to AMA Order Dept., OP-081, Box 821, Monroe, Wis. 53566.

\* \* \*

Breakfast cereal flakes of whole barley, corn, rye, and wheat are being marketed by Kellogg under the name Nutri-Grain cereals. No added sugar. Fortified with 9 vitamins and zinc to 25% of the RDA.

\* \* \*

Critical Care Nutritionals — Sustacal HC (high calorie oral supplement), Isocal HCN (high calorie and nitrogen tube feeding formula), and Criticare HN (high nitrogen, oral or parenteral) — are being introduced by Mead Johnson. Inquire of their Nutritional Division, Dept. 68, Evansville, Ind. 47721. Or telephone (812) 426-6139.

\* \* \*

An economical single-use endotracheal tube system called "n-doSURE," not using adhesive tape, is available through William Stevens, Ackrad Laboratories, 632 South Ave., Garwood, N.J. 07027, four 25-unit boxes to a case. Adjustable, fits all sizes.

\* \* \*

Need a loan to develop a primary care practice, either SOLO or as satellite to a group? You can get a lot of help from the Robert Wood Johnson Foundation by writing to John M. Thoens, Director, at P.O. Box 2316, Princeton, N.J. 08540.

\* \* \*

Could you use an angled atraumatic cervical tenaculum forceps? Amko offers a new one (Catalog No. G-705). Write them at 41 Oak Ave., Bellmawr, N.J. 08031.

\* \* \*

Need to recharge wheel chair batteries? New compact ones are now available through Romarch Special Products Ltd., of Calne, Wilts. SN11 9BN, England. They're freestanding, automatic, drip proof, shock resistant.

\* \* \*

New hemagglutination inhibition pregnancy test: New Beta-Neocept is now

available through Organon Diagnostics in Asheville, N.C.

\* \* \*

JAMA will be published in Chinese starting in January 1982. It already comes out in Japanese to 50,000 physicians in Japan, and in French in France and Switzerland; German editions will start in 1982 for West Germany, Switzerland, and Austria. A Flemish edition (as well as another French one) will be published in Belgium.

## CLASSIFIED ADVERTISING Call 521-0021

Minimum 4 lines  
\$3.50 per line + tax

### EMPLOYMENT OPPORTUNITIES

HAWAIIAN ISLANDS-EMERGENCY MEDICINE PHYSICIANS sought for part-time and possible full-time coverage. Excellent income, flexible scheduling and paid malpractice insurance provided. For details call or write in confidence to Ms. Billie Warren, 606 Wilshire Boulevard, Suite 504, Santa Monica, CA 90401; (213) 451-5481 (collect).

### NOTICES & ANNOUNCEMENTS

Building a new home or major home improvement is excessive & costly. We coordinate planning, purchasing & construction on behalf of the home-owner to save & cut costs. Free initial consultation. 737-7197 Richard or Walter.

### OFFICES

#### WAHIAWA AREA

Ideal for the professionals. New 2 story, elevator equipped, air conditioned with covered parking area. Flexible suite sizes avail. at 80¢ to \$1.00 NNN. Call 622-4354.

#### SOUTH KING ST.

372 to 7,000 sq. ft.  
Improved offices for physicians & dentists.  
Excellent rates.  
Great parking.  
Wagner & Wagner, Inc. 526-0896  
Locations Inc. 523-6121

### REAL ESTATE

#### TENNIS PLAYER?

FULL SIZE TENNIS COURT WITH AN ARCHITECT DESIGNED 4 BDRM. 3 BATH HOME INCL. GOURMET KITCHEN, WET BAR & FIREPLACE ON FULLY FENCED ACRE ESTATE OVERLOOKING OCEAN. \$385,000 OWNER 235-5416



(Continued from page 232)

and how these rebates will be made will have to be determined at a later date.

E. *Medical Services:* Dr. Neal Winn, chairman of the Insurance Committee, under the Commission of Medical Services, Dr. Bernard Scherman, commissioner, has been meeting to study a variety of insurance problems. A number of insurance companies—HMSA, Equitable, and Travelers—were evaluated for lower group rates. There are no insurance brokers in Hawaii. Dr. Winn recommended that HMA sign up with a Mainland broker, with a minor commitment that HMA would not sign up with any other broker for 3 to 6 months, to evaluate and design an insurance package that would be acceptable to all HMA members.

**ACTION:**

The Insurance Committee is to contact Myers, Stevens, Insurance Brokers, San Francisco, California, with the exclusive privilege to develop an insurance package for HMA within a 120-day period, with the proviso that if a worthwhile package cannot be developed at rates agreeable to HMA, the agreement will be canceled.

F. *Pesticides in Milk:* Dr. Catts reported on a proposed statement from the DOH explaining the facts as known on heptachlor. The HMA Executive Committee reviewed the draft of the statement and feels it is satisfactory. It was felt that this information should be mailed to all physicians; however, HMA will not be responsible for the mailing of the statement. The DOH seems to have financial problems also, and something must be worked out on how to disseminate this statement to the physicians. Further discussions will be held with the DOH on the heptachlor problem. Council members expressed concern for the replacement of George Yuen, director, who has resigned. It was felt HMA should encourage the governor to appoint a physician, possibly one who is board-certified in Preventive Medicine, who also has administrative knowledge and leadership qualities. Dr. Catts asked Council members to consider this and try to submit any names of possible qualifying physicians to her as soon as possible so that she may be able to write the governor with HMA's recommendations.

G. *Bylaws:* Dr. Catts reminded Council that the HMA bylaws should be reviewed every year; members were asked to please review the bylaws and bring back to the next Council meeting any revisions or additions.

H. *AMA Leadership Conference:* Dr. Calvin Kam attended the AMA Leadership Conference held in Chicago, February 25-28, 1982. Dr. Kam has written a complete report. The final form will be sent to members, and portions will be given to separate committees.

# Reduce Your Stress



In addition, we handle all conversion details from any present system.

Talk to Marlene Wong at 523-2171.



## Bishop Computer Center


Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813

**kōkua**  
to help, assist, support

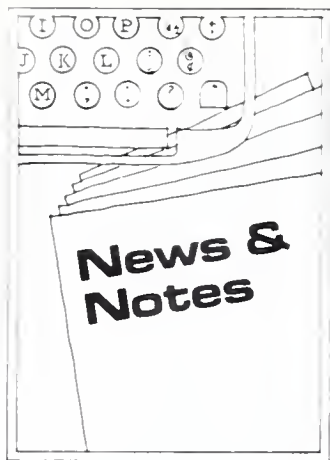
**Kokua  
Nurses  
and  
Para Professionals**  
  
is a medical staff relief  
agency committed to:  

- CAREFUL SCREENING
- ON-SITE ORIENTATION
- PERFORMANCE MONITORING
- EMPLOYER SATISFACTION

  
**NURSES - 536-2326**  
R.N.'s, L.P.N.'s, Nurse Aides  
  
**PARA PROFESSIONALS  
531-7251**  
  
Medical Technologists and  
Laboratory Technicians, Radiologic  
Technologists, Respiratory  
Therapists, Physical &  
Occupational Therapists  
  
*Founded in Hawaii . . .  
Serving all Hawaii*  
  
1210 Auahi St., #223  
Honolulu, HI 96814

  
**Norelco®  
Microcassette  
Recorder**  
  
*Two-speed recording. Automatic playback  
for quick, easy review. Automatic recording  
level assures crisp, clear recordings in any  
surroundings. Shirt-pocket size, weighs just  
6.7 oz., uses standard batteries. Many other  
features. Let us give you a demonstration.*  
  
**HAWAII  
BUSINESS  
MACHINES**  
  
Division of Electronics International Ltd  
829 ALAKEA 536-3832





Henry Yokoyama, M.D.

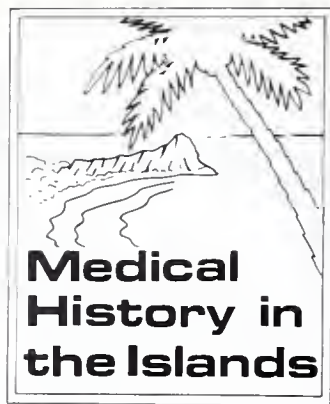
**C. Henry Kempe**, frequent visiting professor here and now a Hawaii resident, was awarded one of the two National Genesis Awards from the National Committee for Prevention of Child Abuse. Henry has been influential in developing the Children's Protective Services team and the Hawaii Family Stress Center at Kapiolani-Children's Hospital . . . The award is a one-time award that honors two American pioneers in the area of child abuse prevention. Kempe and his colleague, Ray Helfer, the winner of the other genesis award, wrote the first books on the subject . . .

**Robert Sitkin**, staff physician with St. Francis Hospital since 1977, has been appointed project director of the Hawaii Medical Association's emergency medical services program . . . **Andrew Sackett**, retired Big Island district health officer, took over as temporary administrator of Hilo Hospital while the permanent administrator is on indefinite sick leave . . . **Lindsay Jack Kirkham** was appointed the state's new chief of the hospital, medical facilities, and Medicare branch.

Cardiologist **David Fergusson** was elected to fellowship in the 53,000-member American College of Physicians . . . **Ray Dusendschon** has been elected potentate of Aloha Temple of the Shrine . . . **Thomas Owens** was one of 547 new Fellows inducted into the American Academy of Orthopaedic Surgeons during the organization's annual meeting in New Orleans . . . **Donald Farrell**, head of the family practice department at the Kaiser-Permanente Medical Care Program, was appointed to the Research Committee of the American Academy of Family Physicians . . .

## Humor. . .

Joe, Jack, and Henry, three cousins, rented a boat and went fishing off the Waianae coast. They found a fine spot about 3 miles off the coast and soon had caught a boatload of fish. "How are we going to find this same spot again," they asked each other . . . Joe thought a while, then with a triumphant "Aha!" dove into the water. Several minutes later, he surfaced and announced, "I've marked an X on the bottom of our boat." Jack, however, dampened his enthusiasm with, "What if we don't get the same boat next time?"



Charles S. Judd Jr., M.D.

## Internships and Residencies

When an internship was established at Queen's Hospital, Honolulu, in 1911, the first house officer was Dr. Homer Hayes. Over the next few decades, a number of young men, attracted to the Islands, spent a year or two as interns at Queen's, and then stayed the rest of their lives in



## Clinical Cardiology, Third Edition

By M. Sokolow and M.B. McIlroy.  
Los Altos, Calif., Langl, 1981.  
763 pp, index. \$21.50.

The authors have created a volume which is neither a text book nor a manual. It is geared to the level of sophistication of the house officer, and is organized into chapters or headings by some of the groups of diseases involving the heart and, early, by basic chapters regarding anatomy, history taking, physical examination, etc.

The semi-outline form regarding therapy in specific situations suggests the manual; other chapters are more formally presented. This change in presentation from one area to another is somewhat confusing to the reviewer, but may be very appropriate to a clinician who wants a ready and reliable reference in an acute clinical situation. The drawings are all well done with a minimum of mislabeling. The bibliographies for each category, in themselves, are a worthwhile review of the current literature.

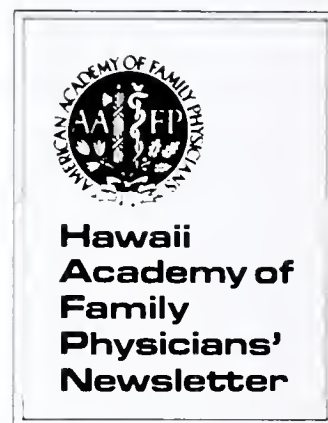
It allows for very quick reference and reveals the state of clinical cardiology in 1981.

I intend to own a copy.

EDWARD L. CHESNE, M.D.

Hawaii, practicing medicine. Among this group were Joseph Strode, Guy Milnor, Robert Millard, Douglas Bell, Arthur Molyneux, and Francis Halford, to name a few.

After World War II, as specialty medicine came into prominence, far-sighted educators such as Rogers Lee Hill helped to establish residency training at Queen's Hospital, in surgery and medicine initially, and at other hospitals, Children's, Kapiolani, Tripler, St. Francis, Leahi Shriners', Kuakini, and Kaiser, in appropriate specialties. Eventually full accreditation, with programs of three and four years, became established, so that an individual could take complete training leading to American Board certification. Integration of programs in surgery, medicine, pediatrics, obstetrics and gynecology, psychiatry, and orthopedics has resulted in house officers' gaining broad experience from time spent in several hospitals.



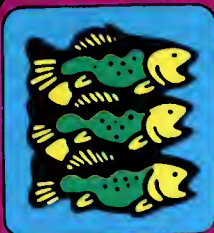
Don and Marlies Farrell

Two new Active members have transferred to Hawaii. **Andrew Dow**, from Virginia, is part of the family practice department of Tripler . . . **Robert Hollison** from Washington, is joining Straub Clinic . . . **Roberta Lee**, newest student member, is a sophomore at U.H. medical school.

**Ben Azman** has been re-elected to Active membership, while **Joseph Lucas** has become Inactive, having retired last December . . . **Varian Sloan** gives up his Aina Haina practice in April . . . **Ronald Hattis** has accepted a position with the California State Department of Health. He is selling his practice as well as his beautiful oceanfront home on Kauai . . . **John Aoki**, pau at Tripler, is now in private practice in Kailua . . . **Sandra Penn** opens a new office near Puck's Alley . . . At a recent Council meeting, **Robert Bell** reported on his difficulties in trying to obtain reimbursement from HMSA for hypnotherapy and other counseling services. The Council supports Bob's contention that HMSA discriminates against family physicians by refusing them payment for these services while reimbursing even non-physicians, such as social workers, for the same care.

◇





# Where to go For BUSINESS DINING



## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

Top of the Blvd.  
and Waimalu

**Both Open 24 Hrs.**  
(Except the Wee Hours  
of Monday Morning)

Cartoon  
Courtesy of  
The Honolulu  
Star-Bulletin

COBY

**CONSISTENTLY GOOD  
CHINESE FOOD . . .**

**CHINESE AND AMERICAN FOOD**

*Coral Reef*

Restaurant and lounge

Mauka side next to Woolworth  
1006 Ala Moana Center

Open from 10:30 AM to 9:30 PM

Sundays 10:30 AM to 5 PM

Phone: 949-3500

**Now Serving  
Hot and Spicy  
Dishes for Dinner**



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Hobron Lane.

•PHONE: 955-8844•

OPEN DAILY -

Lunch-11:00 a.m. - 2:00 p.m., Dinner-5:00 p.m. - 1:00 a.m.

VALET & FREE VALIDATED PARKING



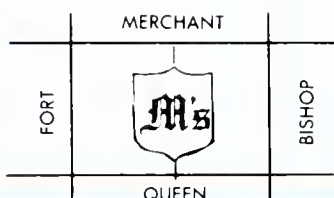
Breakfast - Lunch - Cocktails  
in the heart of Downtown.

M's Coffee  
Tavern  
6:30-2 P.M.

Cheerio Room  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern or inn."

*Samuel Johnson*



**Arthur's**

Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.

*Flamingo Restaurant*

**Seafood in its  
Finest Hour**

Any hour from 11 am to 10 pm,  
Fridays & Saturdays 'til 11 pm.

**THE SEAFOOD EMPORIUM**

Please call 922-5547 for reservations

Royal Hawaiian Shopping Center, second floor • corner of Kalakaua and Lewers



(Formerly Napualani)

**4 Banquet Rooms**

**For 20-250 Persons**  
Breakfasts—Luncheons  
Dinners—Cocktails

Full sit-down dinners from \$6.95

Ample Validated Parking

Reservations: Ann Kubota, 922-3861

**Quality Inn Waikiki-Paoakalani & Kuhio**

On the "Big Island" it's Quality Inn Hilo

*Enjoy one  
of these fine  
eating places  
today!*

# MIEC

**Medical Insurance Exchange of California**

*Professional Liability Insurance Exclusively*

- Quality Protection From Hawaii's Only Physician Owned Company
- Financial Strength and Stability
- Sponsored by Hawaii Medical Association

FOR FURTHER INFORMATION CONTACT:

Hawaii Medical Association  
320 Ward Avenue, Suite 200  
Honolulu, HI 96814  
536 • 7702

HOME OFFICE: THREE EMBARCADERO CENTER • SAN FRANCISCO, CALIFORNIA 94111  
MAILING ADDRESS: P.O. BOX 7149 • SAN FRANCISCO, CA 94120  
TELEPHONE (415) 393 • 5250



SEPTEMBER 1982  
VOL. 41, NO. 9

# Hawaii Medical Journal

## CONTENTS

Editorials 245

Continuing Medical Education 246

Clinical Pathologist's Easy Chair 246

Over the Editor's Desk 249

Organochlorine Pesticide Residues  
in Human Tissues, Hawaii, 1968-80 250

Wataru Takahashi, M.A., and  
Leland H. Parks, Ph.D.

HMA Auxiliary 251

Letters to the Editor 251

The Sia Test in Hyperglobulinemia 252

Robert T.S. Jim, M.D.

Throat Streptococcal Survey  
in School Children, Hawaii, 1976-80 256

L.T. Chun, M.D.; Jeremy Lam, M.D., M.P.H.;  
Patricia Stachowiak, M.P.H.; and  
George G. Rhoads, M.D., M.P.H.

HMA Council Meeting 259

News and Notes 264

LIBRARY  
U.C. SAN FRANCISCO  
OCT 13 1982

U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143  
SPS

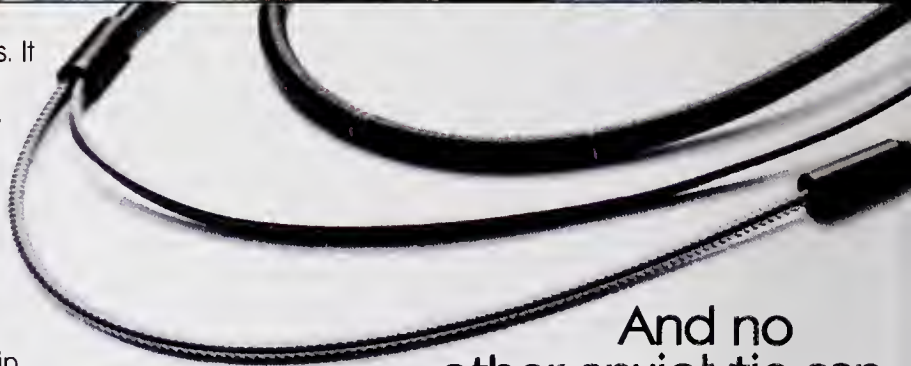
# THE UNMATCHED MULT CLINICAL PROFILE O

## No other benzodiazepine can claim its clinical scope

As a psychotropic, Valium (diazepam/Roche) has fully established its value in the wide range of anxiety states seen in clinical practice. Time and again, Valium has provided prompt, dependable relief of the often disabling symptoms—such as apprehension, agitation, inability to concentrate—associated with anxiety disorders. It has also been a valuable aid in managing the intense anxiety that often accompanies serious illness, such as myocardial infarction, and in controlling the anxiety-linked symptoms that may contribute to functional disorders.

In addition, Valium is well known for its skeletal muscle relaxant and anticonvulsant properties. Extensively used in hospitals and rehabilitation centers as well as in office practice, Valium has proved to be a valuable adjunct in the management of skeletal muscle spasm due to local pathology, such as fractures and the "low back syndrome"; in the management of spasticity due to upper motor neuron disorders, such as cerebral palsy; and in the management of certain convulsive disorders, including status epilepticus (I.V.).

Only Valium is indicated in such a broad range of disorders—and performs its multidimensional tasks so consistently and dependably.



## And no other anxiolytic can provide its dosage flexibility

For maximum dosage flexibility, Valium (diazepam/Roche) is available in an impressively wide variety of forms and strengths. The three tablets—2 mg, 5 mg and 10 mg—are scored so that dosage can more readily be determined, adjusted and readjusted to meet changing needs. Geriatric patients, for instance, should be started with the lowest effective dosage: 2 to 2.5 mg once or twice daily initially, then gradually increased or decreased as necessary.

For rapid calming in acute anxiety situations, Valium is also available in injectable forms, and these, unlike some other anxiolytics, are ready for instant use and can be administered either intravenously or intramuscularly, as required. For example, when used to allay preoperative anxiety, Injectable Valium is generally given intramuscularly; when it is used to calm patients before elective cardioversion, the I.V. route is indicated.

And Valium is now available in once-a-day capsules for those patients requiring 5 mg t.i.d., a form that utilizes a totally new concept in slow-release drug delivery. Valrelease™ (diazepam/Roche), the new 15-mg slow-release dosage form, provides greater convenience for many patients and facilitates greater compliance...and makes the most versatile benzodiazepine more versatile than ever.




# DIMENSIONAL VALIUM<sup>®</sup>(diazepam/Roche)

## And none can match its record of safety and experience in practice

After almost two decades of extensive clinical use, Valium (diazepam/Roche) has become one of medicine's most respected drugs, and the standard against which other anxiolytic agents must be routinely judged. And today, just as when first introduced, Valium continues to stand out from the others. Literally thousands of published reports attest to its effectiveness in a variety of clinical situations—and to its excellent safety profile.

At recommended oral dosages, Valium has long proved to be well tolerated by most patients. Side effects other than drowsiness, fatigue and ataxia have rarely been encountered. As with all CNS-acting agents, ambulatory patients need to be cautioned about drinking, driving or operating dangerous machinery while taking Valium. Periodic reassessment of the continued need for Valium therapy is advisable.



2-mg, 5-mg, 10-mg scored tablets  
Tel-E-Dose<sup>®</sup> Reverse-Number Packs  
2-ml Tel-E-Ject<sup>®</sup>  
disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials }

now available—VALRELEASE<sup>™</sup>  
(diazepam/Roche)  
slow-release 15-mg capsules  
the totally new once-a-day  
dosage form of Valium

# VALIUM<sup>®</sup>

(diazepam/Roche)<sup>®</sup>



Before prescribing, please see summary of product information on next page.



# VALIUM® (diazepam/Roche) <sup>®</sup> Tablets

## VALRELEASE™ (diazepam/Roche) <sup>®</sup> Capsules

### INJECTABLE VALIUM® (diazepam/Roche) <sup>®</sup>

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in: relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome. *Oral forms* may be used adjunctively in convulsive disorders, but not as sole therapy. *Injectable form* may also be used adjunctively in: status epilepticus; severe recurrent seizures; tetanus; anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures; cardioversion.

The effectiveness of diazepam in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets or capsules in children under 6 months of age; known hypersensitivity; acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because their use is rarely a matter of urgency and because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL:** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients; should not be employed in lieu of appropriate treatment. When using oral forms adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V.: inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Injectable Valium (diazepam/Roche) directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest; concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea; have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs.

Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or

less); prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence; can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of diazepam, i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed and tolerated). The clearance of diazepam and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return; readminister if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, discontinue drug.

Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, observed in patients during and after diazepam therapy are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypotactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure; employ general supportive measures, I.V. fluids, adequate airway. Use levaterenol or metaraminol for hypotension. Dialysis is of limited value.

#### How Supplied

**ORAL:** Valium (diazepam/Roche) scored tablets—2 mg, white; 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500;\* Prescription Paks of 50, available in trays of 10;\* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25† and in boxes containing 10 strips of 10.† Valrelease (diazepam/Roche) slow-release capsules—15 mg (yellow and blue), bottles of 100;† Prescription Paks of 30.†

**INJECTABLE:** Ampuls, 2 ml, boxes of 10;† Vials, 10 ml, boxes of 1;† Tel-E-Ject® (disposable syringes), 2 ml, boxes of 10.† Each ml contains 5 mg diazepam, compounded with 40% propylene glycol, 10% ethyl alcohol, 5% sodium benzoate and benzoic acid as buffers, and 1.5% benzyl alcohol as preservative.

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110





# HAWAII MEDICAL JOURNAL

(USPS 237-640)

*Published Monthly for the*  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

*Editor,* HARRY L. ARNOLD, JR., M.D.  
*News Editor,* HENRY N. YOKOYAMA, M.D.  
*Managing Editor,* DORIS R. JASINSKI, M.D., M.P.H.  
*Assistant Editor,* DOUGLAS G. MASSEY, M.D.  
*Contributing Editors,* JOHN M. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
CHARLES S. JUDD, JR., M.D.,  
J.I. FREDERICK REPPUN, M.D.  
*Editorial Assistants,* JENNIE ASATO, BECKY KENDRO

*Editorial Board:* NORMAN GOLDSTEIN, M.D.,  
RALPH W. HALE, M.D., THOMAS C. HALL, M.D.,  
ROBERT T. S. JIM, M.D., JAMES LUMENG, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.,

*Publications Committee:* CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
DORIS R. JASINSKI, M.D.,  
(Chairman)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

*President,* ANN B. CATTS, M.D.  
*President-Elect,* CALVIN C.M. KAM, M.D.  
*Past President,* NEAL E. WINN, M.D.  
*Secretary,* KWONG YEN LUM, M.D.  
*Treasurer,* WILLIAM H. HINDLE, M.D.

*County Presidents*  
*Hawaii,* ERNEST L. BADE, M.D.  
*Honolulu,* THOMAS G. CAHILL, M.D.  
*Kauai,* JOHN W. NEWMAN, M.D.  
*Mauai,* MICHAEL R. SAVONA, M.D.  
*West Hawaii,* KENNETH GRANT

*Delegate to AMA,*  
HERBERT Y.H. CHINN, M.D.  
*Alternate Delegate to AMA,*  
WILLIAM E. IACONETTI, M.D.

*Advertising Representatives*  
National  
**UNITED MEDIA ASSOCIATES, INC.**  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
**CROSSROADS PRESS, INC.**  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc., for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.



*Editorials are the opinion of the writer and do not necessarily reflect Hawaii Medical Association (HMA) policy.*

## Double Standards

If every family were to go out tomorrow and purchase a \$10,000 new American car, this huge elective expenditure would be lauded as a patriotic rejuvenation of the crumbling auto industry. On the other hand, were every family to go out tomorrow and purchase a \$1,000 appendectomy, this vastly smaller life-saving expenditure would be condemned as further evidence of inflationary escalation in the cost of medical care.

If a million families would build a new home this year, the spectacular investment would be cheered as the salvation of construction and realty industries, but if a thousand lives are saved in expensive critical care units, society laments oppressive health care costs. We spend more in restaurants than physicians' offices, but there's no call for a "cap" on dining out.

There's a persisting delusion that, while an expenditure for cars and houses is "good" money which cycles quickly through the economy to benefit society on many levels, payment for medical care is somehow "bad" money which completely disappears from circulation, forever lost to productive recycling.

Somehow, it's socially good to spend, even squander, money for things we want but don't need, while it's lamentable to pay for things we need but don't want. So we happily spend over 20% of our Gross National Product (GNP) on leisure goods and services (and are urged to spend more), while we pay less than 14% of our GNP for health care of all types, and it's called a "crisis." Certificates of need are required for CAT scanners, but not for Cadillacs.

A ball player or entertainer makes a million dollars, and we agree he's either talented or a good businessman. A surgeon makes \$100,000 and somehow he's a little reprehensible, profiteering off the sick.

While 85% of the nation carries health insurance, and thus avoids most of the burden of medical expenses, critics see this not as a prepaid capitalist marvel, but rather as some kind of evil scheme to conceal what apparently should be a painful "awareness of true costs."

The planners all wail that the world's greatest medical care system has no incentive to provide cut-rate care, but we all know that cost cutting is furthest from the mind of a sick person. Only the well lament others' medical bills; "unnecessary" surgery is surgery on someone else.

When I think about it, it seems that all of society's attitudes about medical care are paradoxical and contradicting; it's almost a kind of national schizophrenia.

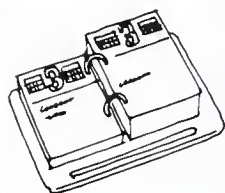
JMC

## Strep and Heptachlor

Within these pages we present the last (we hope, though we doubt!) word on heptachlor—and other pesticides, and their infiltration into Hawaii, 1968 to 1980.

L.T. Chun and his colleagues have compiled data on positive strep throat cultures in school children, of various ethnic groups and school grades. This should be of concern to pediatricians, family physicians, parents and teachers in the next few months, with the new school year upon us.

DRJ



## Continuing Medical Education

### CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks")

#### LOCAL ACCREDITED PROGRAMS ONGOING

For a complete list of ongoing programs, please refer to the January through June, 1982, issues of the Hawaii Medical Journal. Further information regarding ongoing events is available through the individual institutions or through the HMA's CME Department. Note: Please delete—Federation of Emergency Medicine—Maui.

#### New Program

Honolulu Medical Group—In-house CME for Physicians. "Clinical Updates" to be held 1st Thursday of each month, from 12—1 P.M. 1 CME credit.  
Contact: Yvonne Brewer, M.P.H. 537-2211

### SPECIAL EVENT

Oct. 11-14, 1982

Hawaii Medical Association 126th Annual Scientific Meeting. In conjunction with the World Medical Association Council Meeting. Theme: "Something for Everyone." At: Hilton Hawaiian Village. Fee: \$100 for non-members, 19 hrs. Contact: Irene Wong, 536-7702.

### MORE SPECIAL EVENTS

Oct. 1-2, 1982

Eleventh Annual Symposium of the Western Division of the American Geriatrics Society. "Quality of Life: Quality of Care." Contact: American Geriatrics Society, 13220 N. 105th Avenue, Room 12, Sun City, Ariz. 85351. Fee: \$100 US for Physicians, \$50 US for Non-Phys. At: Westin Bayshore Hotel, Vancouver B.C., Canada. Hr. for Hr. CME

Nov. 8-13, 1982

Allergy and Immune Diseases. Contact: Symposium Maui, Box 10185, Lahaina, Maui, HI 96761. At: Royal Lahaina Resort, Kaanapali Beach, Maui. Fee: \$325. Hr. for hr. CME.

#### OUT OF STATE

For information on any out-of-state programs or courses, refer to August 4, 1981 Special Issue of JAMA or call the HMA office.



### Clinical Pathologist's Easy Chair

Francis Fukunaga, M.D.

## Pregnancy Testing

Pregnancy testing depends upon the detection of HCG (chorionic gonadotropin) produced by the chorionic trophoblasts. The plasma and urine concentrations rise slowly following ovum implantation until the 40th day, then increase sharply to peak at the 7th to 12th weeks and fall to a constant level at about the 15th week. Following delivery of the placenta, the hormone concentration falls rapidly and disappears in about 10 days.

The HCG molecule consists of two peptide chains: about 40% alpha and 60% beta subunits.<sup>1</sup> The alpha subunit structure is shared by the FSH (follicle stimulating hormone), LH (luteinizing hormone) and TSH (thyroid stimulating hormone). Therefore, these hormones will cross-react in immunoassays based upon antibodies to the whole hormone molecule or the alpha subunit. About 80% of the amino acid content in the beta sub-

unit of HCG and LH are also the same and therefore there may be some interference between these two hormones.

The earlier tests for pregnancy were bioassays using rabbits, frogs, toads, and mice. Bioassays are technically difficult and suffer from lack of sensitivity and specificity. The Ascheim-Zondek (mice) detection limit is about 2 to 6 IU per ml or about 5 to 6 weeks after fertilization; the Friedman (rabbit) test detection limit is 10 to 15 IU/ml or about the 7th week, and the male frog detection limit is 22 to 80 IU/ml or the 7th to 9th week after fertilization.

The pregnancy tests used today are immunologic assays. The slide and tube immunoassays for urine HCG depend upon HCG-coated latex particles or red blood cells. The urine slide tests are rapid (about 2 minutes) but lack sensitivity and are usually negative until about the 5th week after fertilization. Slide tests are best after 45 days following the last menstrual period, when they show about 90% accuracy.

False negative tests may result when the specific gravity is less than 1.010. The best specimen is the most concentrated urine, usually the first morning void. Technical errors due to improper mixing may occur rarely. False positive tests result from drugs such as methadone and phenothiazine, with proteinuria of more than 100 mg per dl, and some cases of PID.<sup>2</sup> Most tubes test have a sensitivity of about 0.25 IU per ml. They are more dif-

ficult to do than slide tests and require about one or two hours of incubation. Accuracy is about 90+% after the 4th week of fertilization.

The most sensitive laboratory test for pregnancy is the RIA (radioimmunoassay) for the beta subunit of HCG in serum. This is sensitive to about 0.003 IU per ml and will be positive after the second week of fertilization.<sup>3</sup> However, it is not a routine 24-hours-a-day, 7-days-a-week type of test. The earlier RIA for beta subunit HCG was a two-day procedure, but a relatively rapid qualitative screen can now be done. False positive results have been reported in the nephrotic syndrome.<sup>4</sup>

Most patients with ectopic tubal pregnancy have a lower than expected serum HCG level for the gestational age, although it is similar to a normal pregnancy up to about 4 weeks after fertilization. After the first four weeks, the serum levels are lower than in intrauterine pregnancy because the ectopic placenta does not grow normally. The urine levels of HCG are usually lower than the detection limits of most slide tests, and false negative results are common (about 50+%).

#### REFERENCES

1. Birken S, Canfield RE in Chorionic Gonadotropin (Segal SJ, editor), Plenum Press, New York, 1981, pp. 65-87.
2. Horwitz CA: Pregnancy tests 1980: advantages and limitations, *Lab Med* 11:620, 1980.
3. Gambino R, Ed.: Beta subunit for HCG in serum, *Lab Report for Physicians* 2(9):66-67, 1980.
4. Regester RF, Painter P: False-positive radioimmunoassay pregnancy test in nephrotic syndrome, *JAMA* 246:1337, 1981.



**"We'll convert your delinquent  
receivables into cash with  
persistence, hard work and  
a little help from our computer."**

**JOE MANCINELLI**

President  
Medcah, Inc.

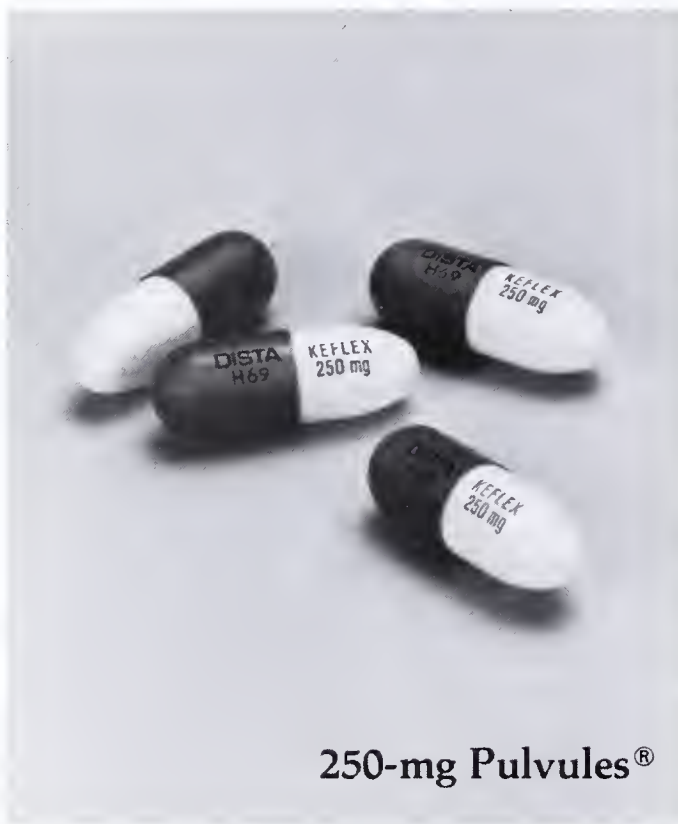
A collection service with affiliations  
throughout the Mainland, the Pacific Basin,  
Australia, Asia, Europe and Africa.



**M E D C A H I N C**

Honolulu office: 1188 Bishop Street, Suite 1002, Honolulu, Hawaii 96813, Telephone: 526-9545  
Windward office: 22 Oneawa Street, Kailua, Hawaii 96734, Telephone: 262-2311  
Cable: MEDCAH

# easy to take



**Keflex®**  
cephalexin

Additional information available  
to the profession on request.



**Dista Products Company**  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46285  
Mfd. by Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630





## Over the Editor's Desk

Harry L. Arnold Jr., M.D.

Gastroenterologists—now hear this! In May 1983 the 2nd international conference on diseases of the esophagus will be held at the Hyatt Regency Hotel in Chicago, and abstracts, double spaced and under 250 words, with 3 photocopies, will be welcomed up to October 1, 1982. Mail them to 911 Busse Highway, Park Ridge, Ill. 60068.

\* \* \*

Need to be able to monitor arterial pressure in your hospital? Call 526-1555 and ask the local Hewlett-Packard office about their HP disposable kits, Model 1290AH-E01. \$415 for 20 kits, less quantity discounts.

\* \* \*

Tegaderm transparent "breathable" dressings for protecting IV sites are announced by 3M. Write to Box 33600, St. Paul, Minn. 55133 and ask for brochure F-JDTM.

\* \* \*

Albuterol—the tablet form of the same bronchodilator in Ventolin or Proventil inhalers—is the most widely prescribed bronchodilator in Europe and is now FDA-approved (after 10 years of widespread use!) for oral administration, under the same names: Proventil (Schering) and Ventolin (Glaxo).

\* \* \*

If you're concerned about FDA approval (and you should not be), it's been granted to the use of Streptase (streptokinase) for clotting in coronary arteries as well as in lung and leg arteries or veins, for which it was approved in 1977.

\* \* \*

Need to brush up on diagnostic radiology? Reserve a room in the Lincoln Hotel in Dallas for October 29-31 and send \$300 (\$175 for residents with a letter) to Dolly Christensen at 5323 Harry Hines Blvd., Dallas, Texas 75235. It's a 3-day course for 17 hours' Category 1 credit, sponsored by the American College of Radiology.

\* \* \*

MMM's new Bird Mean Airway Pressure Monitor No. 9900 weighs 8 pounds, measures less than 4 x 11 x 12 inches, and calculates and displays all ventilatory

parameters. Write to Box 33600, St. Paul, Minn. 55133.

\* \* \*

Cardiac imaging interest you? Plan to spend October 9 and 10 at the Riviera Hotel in Las Vegas and attend Vari-X's 8th annual Institute of Cardiac Imaging. Register now: send \$175 to David Stone, Box 578, Loma Linda, Calif. 92354.

\* \* \*

Though rats get nasal cancer from exposure to high levels of formaldehyde, people exposed to levels of 1 ppm with a 2 ppm ceiling do not, a fourth study has shown. Laboratory workers, relax! All we need is healthier rats.

\* \* \*

Two studies of coffee drinking during pregnancy have shown no relationship at all— independent of smoking—between coffee consumption and babies with low birth weight. The January 21 New England Journal of Medicine and the March 12 issue of JAMA contain the reports. Neither are malformations related to coffee use. The risks people can dream up!

\* \* \*

Need more space for your record files? Write to Supreme Equipment and Systems Corp. at 170 53rd St., Brooklyn, N.Y. 11232 and ask about their Conserva-file V double-depth filing system. They'll send you a brochure. There's also a movable-aisle model.

\* \* \*

Nuclear medicine men are thoroughly used to obsolescence in equipment, and here it comes again: GE announces its Maxi-camera 400A scintillation camera with Autotune continuous fine tuning. Publication 5325, GEC Co, Box 11944, Milwaukee, Wis. 53201, tells all about it.

\* \* \*

The United States Section of the International College of Surgeons meets again September 13-16 at the Resorts International Hotel, Atlantic City, N.J. Sally Cox, 1516 Lake Shore Drive, Chicago, Ill. 60610, (312) 642-3555, will take your reservation.

\* \* \*

Is pain from chondromalacia patellae, patello-femoral arthritis, or Osgood-Schlatter disease a problem for you? Check out the Levine Strap (\$7, and one size fits all) by writing to the Patel-Ease Corp., Box 315, Jenkintown, Pa. 19046.

\* \* \*

Have you an IBM 4300 series computer? Then you'll want to know that the Health Information Management Systems financial information management system will be available late this year. It does everything for the modern health care facility

except repaint it. Write to Bruno Bieler at 4522 Fort Hamilton Parkway, Brooklyn, N.Y. 11219.

\* \* \*

Need a new ultrasound fetal heart rate monitor? Ask Hewlett-Packard. Call (808) 526-1555 and ask about the new HP 8040A.

\* \* \*

The Avius (by Intermedics, Inc.) super-compact, super-light pacemaker has been given "pre-market" approval by the FDA. It weighs 67 grams and is 11 mm thick. It has everything: 3 pacing modes, EKG transmitter, and all the rest. Write to the firm at Box 617, Freeport, Texas 77541.

\* \* \*

Dissatisfied with your EKG monitoring electrode? Check out MMM's new Red Dot Solid Gel Monitoring Electrode No. 2259. Write MMM at Dept. ME82026, Box 33600, St. Paul, Minn. 55133.

\* \* \*

Would you like to monitor ambulatory blood pressure for 24 hours? Del Mar Avionics' Automated Blood Pressure System is just what you're looking for. It will record pressure every 7.5, 15, or 30 minutes, or on demand, up to 200 times in 24 hours. Write them at 1601 Alton Ave., Irvine, Calif. 92714 for details, or telephone (714) 549-1500.

\* \* \*

Instromedix, Inc., offers Tape-A-Trace 2400, an EKG monitoring recorder, permits telephonic and in-office arrhythmia analysis, and has just gone into production. Telephone Louise Salvey at (503) 646-3121, or Kandis Brewer Wohler at (503) 228-4000.

\* \* \*

A simple external mechanical clamp to control bleeding while your finger gets a rest is offered as the Compressor by Instromedix; it is for use to control bleeding from almost any puncture site, especially those requiring large intravascular catheters. The same two ladies just mentioned will inform you about it.

\* \* \*

The most recent Medical Letter will cool your enthusiasm, if any was generated by reading the ads, for acyclovir (Zovirax) for herpes. For initial attacks it does shorten both virus shedding time and healing time by nearly a third; but for recurrent attacks it is no more useful than the ointment base it comes in—if as. Think twice before prescribing it, and then, in most cases, advise your patient to buy something else with the \$25 or so that a 15-gram tube costs.

◇

# Organochlorine Pesticide Residues in Human Tissues, Hawaii, 1968-1980

Wataru Takahashi, M.A., and Leland H. Parks, Ph.D.,  
Honolulu

• The widespread occurrence and persistence of organochlorine pesticides in the environment and in mammalian tissue constitute a prime area of human concern. Because of this concern, the Pesticide Hazard Assessment Project (formerly the Community Studies on Pesticides) has monitored the Hawaii population to determine the prevalence of pesticide residue levels in the general population and to identify changes and trends in this exposure.

This paper describes the findings of a recent survey of pesticide residue levels in serum of Oahu residents during 1979, compared with the results of 2 previous surveys. Additionally, former and current tissue levels were examined for trends in the body burden of heptachlor epoxide, an organochlorine insecticide that had contaminated Oahu dairy products.

## Methods

Data on organochlorine pesticide residue levels in human serum were obtained from 200 blood samples collected on Oahu in 1979 by the Blood Bank of Hawaii.

All residue levels presented in this paper were calculated on extractable lipid basis. This method of reporting reduces the inherent variation in residue data resulting from differences in the lipid content of individual tissue specimens. In calculating the descriptive statistics, only quantifiable amounts of pesticides were considered; trace amounts were converted to zero prior to data processing.

## Results and Discussion

A total of 8 organochlorine residues: p,p'-DDT; p,p'-DDE; dieldrin;  $\beta$ -BHC; hexachlorobenzene (HCB); heptachlor epoxide; oxychlordane; and trans-nonachlor (TNC) were found in the sera of the Blood Bank donors during 1979. The means, ranges and percent occurrence of these residues are presented in Table 1, along with data from the 1968-69 survey of Honolulu Straub participants<sup>1</sup> and from the 1972-73 survey of Kaiser Medical Center participants.<sup>2</sup> DDE and DDT were the most prevalent chemicals found in the sera; the mean concentrations were 19 parts per billion (ppb) for DDE and 3 ppb for DDT. DDE is stored in greater amounts than other organochlorine pesti-

cides and was found in almost every serum analyzed. The remaining 6 pesticides were found much less frequently and at lower concentrations.

Current findings in the sera differ from previous studies in that DDT, dieldrin and  $\beta$ -BHC were found less frequently than before. The average residue levels of DDT show a decreasing trend for the 10-year period, in contrast to DDE levels which have remained at about the same level since 1969.

With improvements in analytical technique, residue levels of pesticides not previously detected, such as HCB, oxychlordane (a metabolite of chlordane), and TNC (a contaminant of technical chlordane and heptachlor), were found in the 1979 survey.

The distribution of pesticide residues in serum is shown in Table 2, according to sex of donor. No significant differences in the mean residue levels between men and women were observed, but the residue levels of all pesticides except DDT were found more frequently among both men and women. The increased occurrence of pesticide residues in men may be related to the likelihood of males having greater environmental exposure to pesticides.

Residue levels of organochlorine pesticides in serum as a function of age are shown in Table 3. Although pesticide residues occurred more frequently among persons 30 years and older, there were no significant differences in the average residue levels among the different age groups.

The tendency for DDE levels to increase with age may be expected in terms of *in vivo* organochlorine catabolism.

TABLE 1.—Residue Levels of Organochlorine Pesticides in Serum, Hawaii: 1968-1969, 1972-1973, 1979

Year	Pesticide	No. of Samples	Residue in ppb		% Occurrence
			Mean	Range	
Straub, 1968-69:	p,p'-DDT	1128	5	ND-27	100
	p,p'-DDE	1130	17	1-107	100
	Dieldrin	1047	2	ND-1	92
	$\beta$ -BHC	406	2	ND-41	36
	$\gamma$ -BHC	19	2	ND-7	2
	Heptachlor epoxide	7	1	ND-2	1
Kaiser, 1972-73:	p,p'-DDT	697	4	1-21	100
	p,p'-DDE	669	34	1-192	100
	Dieldrin	552	1	ND-10	79
	$\beta$ -BHC	333	2	ND-15	48
	Heptachlor epoxide	ND			
Blood Bank, 1979:	p,p'-DDT	180	3	ND-55	90
	p,p'-DDE	200	19	4-87	100
	Dieldrin	23	1	ND-2	11
	$\beta$ -BHC	6	2	ND-3	3
	HCB	22	1	ND-4	11
	Heptachlor epoxide	2	1	ND-2	1
	Oxychlordane	17	1	ND-5	9
	TNC	26	2	ND-25	13

Note: ND= Not detected, less than 1 ppb.

Morgan and Roan<sup>3</sup> have reported that DDE is not effectively eliminated from the human body, resulting in gradual increase in the body burden of this chemical with age. On the other hand, DDT is either dechlorinated in the human body to DDD and then metabolized to the water soluble and excretable DDA, or it is excreted directly as DDT.

## Decreases in Past Decade

Decreases in the concentration and prevalence of DDT, dieldrin and  $\beta$ -BHC residues are the most striking findings of this study. Decreased human exposure to these chemicals appears to be related to cancellations of DDT, aldrin and dieldrin. The agricultural uses of DDT were curtailed in 1972, while aldrin and dieldrin were banned by the U.S. Environmental Protection Agency in 1974.

Human exposure to organochlorine pesticides results in the accumulation and storage of these compounds in the tissues, the major reservoir being the adipose tissue. A dynamic equilibrium is established between the level of pesticide ingested, absorbed and inhaled and the level of pesticide that is deposited or metabolized and eliminated. Compared to animals, man is unique in the extraordinary slowness with which organochlorine residues are eliminated from the body.

## Heptachlor in Milk

Recently, an unknown quantity of heptachlor-contaminated dairy products and beef entered the food chain on Oahu before the contaminated products were

From: Pesticide Hazard Assessment Project, Pacific Biomedical Research Center, 1997 East-West Road, Honolulu, Hawaii 96822

Accepted for publication, July 1982



TABLE 2.—Residue Levels of Organochlorine Pesticides in Serum by Sex of Persons Sampled, Blood Bank of Hawaii (1979)

Pesticide	Males (N=159)			Females (N=42)		
	Residue in ppb	% Occurrence		Residue in ppb	% Occurrence	
	Mean	Range		Mean	Range	
p,p'-DDT	3	ND-29	88	4	ND-55	95
p,p'-DDE	20	4-87	100	18	ND-39	95
Dieldrin	1	ND-2	13	1	ND-1	5
$\beta$ -BHC	2	ND-3	3	1	ND-1	2
HCB	1	ND-4	13	1	ND-1	5
Heptachlor epoxide	1	ND-2	1	—	ND	—
Oxychlor-dane	1	ND-5	10	1	ND-1	2
TNC	2	ND-25	15	1	ND-1	7

Note: ND = Not detected

TABLE 3.—Residue Levels of Organochlorine Pesticides in Serum by Age of Persons Sampled, Blood Bank of Hawaii (1979)

Pesticide	AGE GROUP							
	18-29 (N=57)		39-50 (N=67)		40-49 (N=49)		50-60 (N=28)	
	Mean	% Occurrence	Mean	% Occurrence	Mean	% Occurrence	Mean	% Occurrence
p,p'-DDT	3	86	4	91	3	94	3	86
p,p'-DDE	12	100	20	100	24	100	24	96
Dieldrin	1	5	1	13	1	14	1	14
$\beta$ -BHC	—	—	2	3	2	8	—	—
HCB	1	5	1	9	1	12	1	25
Heptachlor epoxide	—	—	—	—	1	4	—	—
Oxychlor-dane	1	5	1	6	1	12	1	14
TNC	1	4	4	13	1	20	1	18

Note: ND = Not detected

withdrawn from market. The dairy cattle, fed on chopped pineapple leaves contaminated with heptachlor, produced milk exceeding the federal action level of 0.3 parts per million (ppm). The heptachlor contamination was first detected January 6, 1982, by the state Department of Health during a semi-annual monitoring of dairy products. This suggested that public exposure to heptachlor-contaminated products may have originated sometime between July 1981 and January 1982, although the possibility that heptachlor contamination of dairy cattle may have occurred prior to July 1981 cannot be excluded.

To determine the extent of human exposure, heptachlor epoxide concentration was measured in human breast milk collected by the Hawaii Mother's Milk Bank. The highest level of heptachlor epoxide found in samples of breast milk expressed during March and April 1982 exceeded the federal action level for cow's milk.<sup>4</sup>

A review of the blood residue data revealed that the marginal occurrence of

heptachlor epoxide in serum has not changed since 1968: only about 1% of the population studied has detectable levels of heptachlor epoxide in the serum. On the other hand, all breast milk samples collected during 1979-80 contained heptachlor epoxide at very low concentrations.<sup>5</sup> The mean body burden of this chemical among Oahu mothers (36 ppb) did not differ appreciably from those of a small sample of nursing mothers on Kauai (29 ppb) during 1976.<sup>6</sup> These data suggest that public exposure to heptachlor-contaminated food may have occurred after 1980.

The health effects of chronic low-level exposure to heptachlor in man are not known, although evidence of hepatic alterations and carcinogenic effect have been observed in test animals. Since man is continually exposed to a variety of chemicals, the concurrent tissue burdens of DDT, DDE, dieldrin, HCB, heptachlor epoxide, oxychlor-dane, and TNC may have greater biological significance than each chemical considered separately.

#### ACKNOWLEDGMENTS

Although the research described in this report has been funded by the United States Environmental Protection Agency, Hazard Evaluation Division, through Cooperative Agreement #806850 to the University of Hawaii, it has not been subjected to the agency's required peer and policy review and therefore does not necessarily reflect the views of the agency and no official endorsement should be enforced. The authors wish to thank the Blood Bank of Hawaii for providing the blood samples.

#### REFERENCES

1. Klemmer HW, Rashad MN, Mi MP: Age, sex and race effects of the distribution of organochlorine pesticide residues in serum, in *Pesticides and the Environment: A Continuing Controversy*, W.B. Deichmann, ed., Symposia Specialists, Florida, 1973, pp. 53-61.
2. Hawaii Epidemiologic Studies Program, Quarterly Report No. 28, July-Sept. 1973.
3. Morgan DP, Roan CD: Absorption, storage and metabolic conversion of ingested DDT and DDT metabolites in man. *Arch. Environ. Health* 22:301-308, 1971.
4. Hawaii Mother's Milk Bank and Pesticide Hazard Assessment Project, May 1982.
5. Takahashi W, Saidin D, Takei G, Wong L: Organochlorine pesticide residues in human milk in Hawaii, 1979-80. *Bull. Environ. Contam. Toxicol.* 27:506-511, 1981.
6. Savage EP: *National Study to Determine Levels of Chlorinated Hydrocarbon Insecticides in Human Milk: 1975-1976*, Springfield, Va., National Technical Information Service, 1977.

## AMA Auxiliary Convention Highlights

bly. The first requested other than a president-elect to be allowed to attend Confluence in October. It was ruled, however, that to send someone other than a president-elect, this substitution must be cleared through national headquarters.

The second resolution concerned a by-laws revision related to the election of the nominating committee. Hawaii's resolution requested that a task force be established to study the election of the nominating committee during the coming year, and that the task force give special consideration to a system of electing the nominating committee within each region. The AMA Auxiliary Board had decided before convention to create such a task force, so Hawaii's resolution was automatically adopted by the House of

Delegates. Also, Hawaii, together with Washington state, proposed successfully to amend the bylaws revision to keep the old election system by region in effect for the coming year.

### Two Awards at Convention

The AMA-ERF award for the most innovative project in the Western Region went to Maui County Auxiliary for their "Absentee Tea." **Lorraine Iaconetti** is chairman of this committee.

A publication award for the best state newsletter with a budget of more than \$1,000 was presented to the HMA Auxiliary for "Rx for M.D. Mates." **Dorothy Shepard** and **Sue Pinkerton** are co-editors of this publication.



**HMA  
Auxiliary**

Hawaii was represented at the AMA Auxiliary Convention in June 1982 by HMA Auxiliary President **Carol McNamee** and Delegates **Gwen Fu** and **Shirley Kam**.

Hawaii submitted 2 resolutions at convention which were acted upon favora-

# The Sia Test in Hyperglobulinemia

Robert T.S. Jim, M.D., Honolulu

In 1921, Dr. Richard H.P. Sia, a prominent physician of Honolulu, Hawaii, devised a simple test to detect the presence of hyperglobulinemia in kala-azar.<sup>1</sup> This test consisted of the addition of a small amount of serum to distilled water; in the presence of increased amounts of serum globulin in kala-azar, a precipitate appeared in the distilled water. This simple test for the detection of hyperglobulinemia in kala-azar received little clinical attention until 1944, when a new clinical entity, Waldenstrom's macroglobulinemia, was described.<sup>2</sup>

In Waldenstrom's macroglobulinemia, it was found that the addition of serum to 16 volumes of distilled water resulted in a pronounced white flocculent precipitate within 10 seconds after the serum had been added to the water, and that the precipitate rapidly settled to the bottom of the tube. Upon the addition of saline to this flocculent precipitate, the precipitate could be easily dissolved and then re-precipitated upon the addition of distilled water.

Subsequently, this simple water test, used to assist in the detection of Waldenstrom's macroglobulinemia, has become known as the "Sia test."

## A 'New' Disease

Waldenstrom's macroglobulinemia was a relatively unknown clinical entity to most physicians in the United States prior to 1954, there being no case reports published from the United States until then. In 1954, this author had the opportunity to study a patient with Waldenstrom's macroglobulinemia, thought to be one of the first patients with Waldenstrom's macroglobulinemia discovered in the United States.<sup>3</sup>

In 1955, the first two reports of Waldenstrom's macroglobulinemia from the United States were published.<sup>4, 5</sup>

In the author's patient with Waldenstrom's macroglobulinemia, special studies revealed that the optimal pH requirement for a positive Sia water test was a pH of 6.40, with a sharp increase in solubility toward the more acid range and a more gradual increasing solubility toward the alkaline range.

Proteins are, in general, least soluble at their isoelectric point. In the author's case,

the isoelectric point of the isolated macroglobulin in distilled water was at a pH (6.40) close to that of distilled water. (Random samples of distilled water stored in carboys in the laboratory may range from pH 6.00 to 6.70.)

Thus, an optimal pH appears important for a positive Sia test. Simple hyperglobulinemia will not give a positive water test of the type seen in Waldenstrom's macroglobulinemia. In a study of increasing concentration of non-macroglobulinemia sera (ranging from approximately 1 to 6.5 grams), there was no direct increase in turbidity or precipitation corresponding to the increase in concentration of serum globulin. The maximal amount of turbidity encountered in these non-macroglobulinemic sera was far below the precipitate seen in Waldenstrom's macroglobulinemia.

## Useful Screening Test

Many patients with Waldenstrom's macroglobulinemia have now been reported in the literature. In some of these patients, the Sia test has been described as being negative in the presence of large as well as small amounts of macroglobulins. However, the Sia test, while not diagnostic in itself, appears to be useful as a screening test for the presence of macroglobulinemia. The formation of a moderate or heavy precipitate within 10 seconds is considered to be positive. Immediate slight turbidity, or heavier precipitation after 10 seconds is not considered a positive test. Also, in non-macroglobulinemic serum the addition of saline will not dissolve the precipitate as in Waldenstrom's macroglobulinemia. Thus, many false positives can be eliminated.

The presence of heavy metals in the distilled water may cause a false positive Sia test.<sup>6</sup> Macroglobulins in the gamma globulin position will usually show a positive Sia test, while macroglobulins in the fibrinogen or beta globulin positions give negative Sia reactions more often.<sup>7</sup> Macroglobulins producing a positive Sia test with distilled water may have sedimentation constants as low as 12 S and as high as 30 S.<sup>8</sup>

## Modifications

Several modifications of the Sia test have been proposed: (1) in the modified

Sia test, 20 cu.mm of whole blood are added to 0.6 cc of electrolyte-free or distilled water and a rapidly occurring precipitate is considered to be positive.<sup>7</sup> (2) Sandkuhler has proposed heating the precipitate protein in the test tube; a further increase in the precipitate would suggest myeloma, whereas a decrease in precipitate would suggest macroglobulinemia.<sup>9</sup>

The author has studied the Sia test in 378 non-macroglobulinemic sera and has found it to be negative or only slightly turbid. Included were sera from 17 normal individuals, 28 myeloma patients, 36 patients with acute and chronic leukemia, 16 patients with malignant lymphomas, and 5 patients with cancer, plus 276 patients with miscellaneous diseases.

Two patients with cryoglobulinemia were studied. In one patient with periarthritis nodosa, the Sia test was negative. In the second patient, in whom the clinical diagnosis has not been established, the Sia test was positive; however, while the precipitate dissolved in saline, it could not be re-precipitated upon the addition of distilled water. The positive Sia test in this second patient may have been due to the cooling effect of the distilled water, as heating the precipitate caused it to disappear. Representative examples of the degree of turbidity of the precipitate in the Sia test in various diseases can be demonstrated.

## Summary

The Sia test appears to be an extremely useful screening test for the detection of Waldenstrom's macroglobulinemia. While false negative Sia tests may be encountered in Waldenstrom's macroglobulinemia, careful technique and proper interpretation may eliminate many so-called false positive reactions. An optimal pH of distilled water appears important for a positive Sia test.

## REFERENCES

1. Sia RHP, and Wu H: Serum globulin in kala-azar, *Chinese Med. J.* 35:527, 1921.
2. Waldenstrom J: Incipient myelomatosis or "essential" hyperglobulinemia with fibrinogenemia—a new syndrome? *Acta Med. Scand.* 117:216, 1944.
3. Jim RTS, and Steinkamp RC: Macroglobulinemia and its relationship to other paraproteins, *J. Lab. & Clin. Med.* 47:540, 1956.
4. Kratochvil CH: Crystalline gamma-globulin from human serum, *Fed. Proc.* 14:87, 1955.
5. MacKay IR; Eriksen N; Motulsky AG; and Wolwiler W: Cryo- and macroglobulinemia: electrophoretic, ultracentrifugal and clinical studies, *Clin. Res. Proc.* 3:104, 1955.
6. Begemann H, and Harwerth HG: *Praktische hematologie*, Stuttgart, Georg Thieme Verlag, 1959.
7. Ritzmann, SE; Thurm RH; Truax WE; and Leven WC: The syndrome of macroglobulinemia, *Arch Int. Med.* 105:939, 1960.
8. Sehon AH; Gyenes L; Gordon J; Richter M; and Rose B: Physico-chemical and immunologic studies on macroglobulins, *J. Clin. Invest.* 36:456, 1957.
9. Sandkuhler S: Ein test zur unterscheidung von makroglobulinseren, *Klin. Wchnschr.* 33:536, 1955.





# Help Your Patients Learn Through TEL-MED

There's an easy way your patients can learn how to remain healthy. How to get more exercise, quit smoking, or lose weight. Have them call TEL-MED.

Use the TEL-MED brochure and suggest tapes for your patients. Or your patients can select a tape of their choice. All they need to do is call TEL-MED and ask for a taped message by number. All TEL-MED messages have been carefully screened by local physicians to ensure accuracy and appropriateness to Hawaii.

TEL-MED callers in Hawaii report that TEL-MED increases their understanding of their physician's diagnosis and recommendations.

The TEL-MED brochure lists over 270 tapes by name and number. If you would like free brochures for your patients, write to HMSA or call 944-2398.

Have your patients call TEL-MED between the hours of 12 noon and 8 p.m., Monday through Saturday.

---

#### TEL-MED

---

**HAWAII . . . .935-0511**  
**KAUAI . . . .245-9011**

**MAUI . . . . .244-0911**  
**OAHU . . . . .521-0711**



A COMMUNITY SERVICE OF HMSA  
WORKING FOR A HEALTHIER HAWAII

# Candidates for nutritional therapy...

**10,000,000**

**alcoholics.** Ethanol may produce many effects that together bring about nutritional deficiencies, so that alcoholism affects nutrition at many levels.<sup>1</sup>

**25,500,000 geriatric**

**patients.** The older patient may have some disorder or socioeconomic problem that can undermine good nutrition.<sup>2</sup>

**23,500,000 surgical**

**patients.** Nutritional status can be compromised by the trauma of surgery; and some operations interfere with the ingestion, digestion and absorption of food.<sup>3</sup>



**Before prescribing, please consult complete product information, a summary of which follows:**

Each Berocca® Plus tablet contains 5000 IU vitamin A (as vitamin A acetate), 30 IU vitamin E (as *dl*-alpha tocopheryl acetate), 500 mg vitamin C (ascorbic acid), 20 mg vitamin B<sub>1</sub> (as thiamine mononitrate), 20 mg vitamin B<sub>2</sub> (riboflavin), 100 mg niacin (as niacinamide), 25 mg vitamin B<sub>6</sub> (as pyridoxine HCl), 0.15 mg biotin, 25 mg pantothenic acid (as calcium pantothenate), 0.8 mg folic acid, 50 mcg vitamin B<sub>12</sub> (cyanocobalamin), 27 mg iron (as ferrous fumarate), 0.1 mg chromium (as chromium nitrate), 50 mg magnesium (as magnesium oxide), 5 mg manganese (as manganese dioxide), 3 mg copper (as cupric oxide), 22.5 mg zinc (as zinc oxide).

**Indications:** Prophylactic or therapeutic nutritional supplementation in physiologically stressful conditions, including conditions causing depletion, or reduced absorption or bioavailability of essential vitamins and minerals; certain conditions resulting from severe B-vitamin or ascorbic acid deficiency; or conditions resulting in increased needs for essential vitamins and minerals.

**Contraindications:** Hypersensitivity to any component.

**Warnings:** Not for pernicious anemia or other megaloblastic anemias where vitamin B<sub>12</sub> is deficient. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with vitamin B<sub>12</sub> deficiency who receive supplemental folic acid and who are inade-

quately treated with B<sub>12</sub>.

**Precautions:** *General:* Certain conditions may require additional nutritional supplementation. During pregnancy, supplementation with vitamin D and calcium may be required. Not intended for treatment of severe specific deficiencies. *Information for the Patient:* Toxic reactions have been reported with injudicious use of certain vitamins and minerals. Urge patients to follow specific dosage instructions. Keep out of reach of children. *Drug and Treatment Interactions:* As little as 5 mg pyridoxine daily can decrease the efficacy of levodopa in the treatment of parkinsonism. Not recommended for patients undergoing such therapy.

**Adverse Reactions:** Adverse reactions have been reported with specific vitamins and



## 5,000,000 hospital patients with infections.<sup>4</sup>

Many are anorectic and may have a markedly reduced food intake. Supplements are often provided as a prudent measure because the vitamin status of critically ill patients cannot be readily determined.<sup>3</sup>

## The incalculable millions on calorie-reduced diets.

Patients ingesting 1000 or fewer calories per day could be at high risk because this intake may not supply most nutrients in adequate amounts without supplementation.<sup>5</sup>



## Berocca Plus

A balanced formula for prophylactic or therapeutic nutritional supplementation.

Berocca Plus Tablets provide: therapeutic levels of ascorbic acid and B-complex vitamins; supplemental levels of biotin, vitamins A and E, and five important minerals (iron, chromium, manganese, copper and zinc); plus magnesium. Berocca Plus is not intended for the treatment of specific vitamin and/or mineral deficiencies.

## Berocca Plus, highly acceptable to

patients, has virtually no odor or aftertaste and is economical. And its "Rx only" status means more physician involvement, better patient compliance.

**References:** 1. Shaw S, Lieber CS: Nutrition and alcoholism, chap. 40, in *Modern Nutrition in Health and Disease*, edited by Goodhart RS, Shils ME, Philadelphia, Lea & Febiger, 1980, pp. 1220, 1237. 2. Watkin DM: Nutrition for the aging and the aged, chap. 28, in *Modern Nutrition in Health and Disease*, op. cit., p. 781. 3. Shils ME, Randall HT: Diet and nutrition in the care of the surgical patient, chap. 36, in *Modern Nutrition in Health and Disease*, op. cit., pp. 1084, 1089, 1114. 4. Dixon RE: *Ann Intern Med* 89 (Part 2): 749-753, Nov 1978. 5. Committee on Dietary Allowances, National Research Council: Recommended Dietary Allowances, ed 9, Washington, National Academy of Sciences, 1980, p. 13.

minerals, but generally at levels substantially higher than those in Berocca Plus. However, allergic and idiosyncratic reactions are possible at lower levels. Iron, even at the usual recommended levels, has been associated with gastrointestinal intolerance in some patients.

**Dosage and Administration:** Usual adult dosage; one tablet daily. Not recommended for children. Available on prescription only.

**How Supplied:** Golden yellow, capsule-shaped tablets—bottles of 100.

ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

# candidates for

Rx ONLY **Berocca® Plus** TABLETS

THE MULTIVITAMIN/MINERAL FORMULATION

# Throat Streptococcal Survey in School Children, Hawaii, 1976-80

L.T. Chun, M.D., Jeremy Lam, M.D., M.P.H.; Patricia Stachowiak, M.P.H.; George G. Rhoads, M.D., M.P.H., Honolulu

• In August 1976, the Rheumatic Fever Committee and Child Heart Committee of the Hawaii Heart Association proposed a study to demonstrate the effectiveness of early detection and treatment of streptococcal throat infections for the prevention of acute rheumatic fever. The Hawaii Heart Association funded the study from September 1976 through May 1980 and enjoyed close cooperation of the Department of Education and the Department of Health agencies. The study evolved because of the continued high incidence of rheumatic fever in Hawaii. On the mainland United States, the incidence of rheumatic fever has shown a continued decline.

Information gathered from the Crippled Children's Branch Heart Clinic at Kauaikeolani Children's Hospital indicated that most children with rheumatic fever appeared to be Polynesian and from certain geographical areas, specifically Waianae, Waipahu, Ewa Beach, Waimanalo, and Kailua.

This study presents the throat culture survey for group-A beta-hemolytic streptococcus among school children who reported to the school health room with respiratory symptoms. A report on the impact of the program on the incidence of rheumatic fever will appear in future.

## Methods

The strep survey began in 29 schools October 1976 and expanded in 2 phases to approximately 150 public schools by January 1978. The school health services branch of the Department of Health implemented the survey utilizing school nurses and school health aides who were technically trained by the nurses. The Hawaii Heart Association provided supplies to the school health room.

Health aides swabbed the throats of students who reported to the health room with upper respiratory symptoms. The swabs were inserted into transport culture media (Culturette, Marion Scientific Corp.) and sent to the laboratory for processing.

From September 1976 through January 1978 the Kauaikeolani Children's Hospital (KCH) laboratory processed the throat swab specimens. The method utilized at KCH laboratory involved trypticase soy agar with 5% sheep blood and Bacitracin disc. The plates were incubated anaerobically overnight at 35°C and then examined for beta hemolysis

and for presence of a zone of inhibition around the Bacitracin disc. The culture was reported as positive for Group A strep if a zone of inhibition was present. In a sample of 1,113 throat cultures, it was found that 90% of the beta-hemolytic colonies were group A. From March, 1978, the state health laboratory processed the throat specimens and identified the group A beta-hemolytic streptococcus by the fluorescent antibody technique.

The average transit time to the laboratories was 1 to 2 days and incubation time was approximately 24 hours. The results of the cultures were reported to the school health services, which immediately relayed the information to the school health rooms. Children with positive cultures for group A strep were sent to their private physicians with referral slips. The physicians were asked to indicate on the slips the treatment used and mail the slips to the Hawaii Heart Association. Follow-up letters sent to the physicians after 2 to 3 months inquired if any of the children referred from the program developed rheumatic fever.

During the 4 years of the project, culture result slips were filed by academic year and by school. Since the approximately 36,000 slips were more than could be handled with the available resources, evaluation by a sampling technique was undertaken. We focused on the school year 1978-79.

Rheumatic fever is particularly common in the part-Hawaiian community and we were anxious to include substantial numbers of children from that ethnic background. Accordingly, schools were divided into those in which more than

TABLE 1.—Culture Results for the Streptococcal Screening Program

School year	School Year				
	Sept. '76 to June '77†	Sept. '77 to Jan. '78†	March '78 to June '78	Sept. '78 to June '79	Sept. '79 to June '80
No. of schools*	122	151	152	152	150
Cultures positive	1312	1209	392	1360	778
Cultures negative	5749	5337	3350	9340	6942
Total cultures	7061	6546	3742	10,700	7720
% Positive	18.58	18.47	10.47	12.71	10.08

\* Number submitting at least one culture.

† Cultures were processed at Kauaikeolani Children's Hospital through January 1978. From March 1978 they were done at the Hawaii State Health Department. February 1978 was a month of transition and has been excluded from the table.

25% of the children were identified as part-Hawaiian and those in which less than 25% were part-Hawaiian. This ethnic information was obtained for each school from the Department of Education.

Sampling from group 1, the high part-Hawaiian schools, was 100% for the positive cultures and approximately 14% (drawn in a representative way) for the negative cultures. For group 2, schools with fewer than 25% part-Hawaiian children, sampling was 50% for the positive cultures and 7% for the negative cultures.

The culture slips provided name, school, and grade for each child selected, but information on ethnicity was not recorded. For this reason the slips were matched to the records of the Department of Education in order to obtain ethnic group as recorded by the parents with the school.

The structure of this sampling scheme lends itself to analysis as a case control study where the cases were presumably children with streptococcal pharyngitis and the controls are presumptive cases of pharyngitis or other respiratory infection from non-streptococcal causes. The findings can therefore be conveniently analyzed using relative odds as an approximation of the relative risk, determined separately in the group 1 and group 2 schools. The summary relative risk is then calculated using the Mantel-Haenszel technique.<sup>1</sup> Because most of the cultures were done on elementary school children, and because the rates of positivity in children beyond sixth grade is somewhat lower, the latter have been excluded from a number of the analyses presented.

## Results

Table 1 shows the results of 35,769 throat cultures on children who reported to the school health room with respiratory infections. This resulted in an overall positive rate, for group A beta-hemolytic streptococcus, of 14%. As compared with the Kauaikeolani Children's Hospital laboratory, a smaller proportion of cultures were interpreted as positive by the state laboratory, the figure ranging from

This study was a cooperative effort of the Hawaii Heart Association, the Hawaii Department of Health, Kauaikeolani Children's Hospital, and the University of Hawaii School of Public Health.

Accepted January 1982.



10 to 13% over the 2½-year period. It is believed that children with more florid growth of streptococcus were more likely to be positive at the state health department laboratory and that cultures from these sources would include fewer carriers and a higher proportion of real streptococcal disease.

Accordingly, for the analysis of the culture data, we chose the academic year 1978-79, which was complete when this evaluation effort was initiated. Table 2 shows school enrollment and the estimated number of cultures done in 1978-

79 by school group and by grade level. There is no striking pattern to the frequency of cultures being done except that they were less frequent in kindergarten and in grades 7 and above than during the other elementary school years. The table also shows the numbers of positive and negative cultures sampled from each grade and the estimated proportion of positive cultures, which was calculated by adjusting for the sampling fractions. Given the limited numbers in any one grade, some variation of positivity is noted, but within the elementary grades it

is not statistically significant. However, the rate of positive cultures is lower in grades 7 and above than in elementary school.

Table 3 shows the same information, using a relative risk approach. The relative risk of having a positive culture is arbitrarily considered to be 1.0 for grades 2 to 4. Children in kindergarten and first grade had a risk of about 84% of the grade 2-4 baseline, while those in fifth and sixth grade had a range of about 81%. The overall rate in grades 7 and above was 53% of the rate in grades 2-4.

TABLE 2.—Culture Results by School Group and Grades, 1978-79

Group & Grade	Enrollment	Cultures Done		No. of Cultures		Est. % Cultures Positive(c)	Positive Cultures per 1000 Enrolled(d)
		Rate/100	No.	sampled(b)	Pos. Neg.		
1. Schools with $\geq 25\%$							
Part-Hawaiian							
K	3,123	7.1	221	40	25	18.1	12.8
1	3,281	9.7	319	37	39	11.6	11.3
2	3,393	12.4	421	59	50	14.0	17.4
3	3,438	9.1	313	67	34	21.4	19.5
4	3,236	10.9	352	77	38	21.9	23.8
5	3,011	14.3	431	62	51	14.4	20.6
6	2,989	12.8	384	58	45	15.1	19.4
Sub-total	22,471	10.9	2,441	400	282	16.4	17.8
7+	12,458	6.7	829	76	104	9.2	6.1
TOTAL	34,929	9.4	3,270	476	386	14.6	13.6
2. Schools with $< 25\%$							
Part-Hawaiian							
K	6,376	5.3	340	30	20	17.6	9.4
1	6,690	10.1	678	38	43	11.2	11.3
2	6,927	10.6	732	51	45	13.9	14.7
3	7,018	14.2	994	63	62	12.7	18.0
4	6,606	11.2	738	54	45	14.6	16.3
5	6,147	13.4	822	61	50	14.8	19.8
6	6,101	17.1	1,042	52	67	10.0	17.0
Sub-total	45,872	11.7	5,346	349	332	13.1	15.2
7+	23,067	7.5	1,740	79	113	9.1	6.8
TOTAL	68,939	10.3	7,086	428	445	12.1	12.4

(a) Figures for total enrollment from Department of Education. Distribution of enrollment by grade within elementary schools estimated from figures for all public schools in Hawaii.

(b) See text for sampling scheme.

(c) Within each group chi square test (6 d.f.) for lack of homogeneity of culture results in elementary grades is not significant. Fewer cultures were positive in grades 7+ than in elementary school in both groups (Group 1=  $p < .001$ ; Group 2=  $p < .025$ )

(d) Test for lack of homogeneity ( $X^2_6$ ) significant for elementary grades in both groups (Group 1=  $p < .01$ ; Group 2=  $p < .001$ ) Fewer positive cultures were obtained in grades 7+ than in elementary school ( $p < .001$ ) in each group.

TABLE 3.—Relative Risk of Streptococcal Pharyngitis by Grade, 1978-79

Group	Grades			
	K-1	2-4	5-6	7+
1. Part-Hawaiian ≥ 25%				
Culture neg.	64	122	96	104
Culture pos.	77	203	120	76
Relative risk	0.72	1.00	0.75	0.44**
2. Part-Hawaiian < 25%				
Culture neg.	63	152	117	113
Culture pos.	68	168	113	79
Relative risk	0.98	1.00	0.87	0.63**
Combined Relative Risk	0.84	1.00	0.81	0.53**

\* p < .05      \*\* p < .001

TABLE 4.—Relative Risk for Streptococcal Pharyngitis in boys as Compared to girls. Grades K-6, 1978-79

Group	Girls	Boys
1 Culture negative		
Culture positive	176	106
Relative Risk	210	190
2 Culture negative		
Culture positive	194	138
Relative Risk	177	172
Combined Relative Risk	1.00	1.37

\* p<.05  
\*\* p<.01

TABLE 5.—Relative Risk for Streptococcal Pharyngitis in Various Ethnic Groups Compared to Combined Experience of Europeans ("Caucasians") and Japanese. Grades K-6, 1978-79

	European (Caucasian) & Japanese	Part-Hawaiian & Samoan	Filipino	Chinese	Other
Group 1					
Culture neg.	98	100	35	10	35
Culture pos.	113	163	56	7	57
Relative Risk	1.0	1.41	1.39	0.61	1.41
Group 2					
Culture neg.	152	59	51	15	43
Culture pos.	142	78	58	4	49
Relative Risk	1.0	1.42	1.22	0.29*	1.22
Combined Relative Risk	1.0	1.41*	1.29	0.42*	1.31

\* p<.05

TABLE 6.—Relative Risk of Streptococcal Pharyngitis by School District. Grades K-6, 1978-79

	School Districts				Outer Island
	Honolulu	Central	Leeward	Windward	
Group 1					
Culture neg.	43	8	59	86	86
Culture pos.	55	11	110	108	116
Relative risk	1.00	1.08	1.46	0.98	1.05
Group 2					
Culture neg.	92	62	93	59	26
Culture pos.	84	73	91	63	38
Relative risk	1.00	1.29	1.07	1.17	1.60
Combined					
Relative Risk	1.00	1.25	1.21	1.08	1.25

Only the latter difference was statistically significant.

As shown in Table 4, the positive cultures were about evenly divided between boys and girls. However, girls predominated among the culture negative children. This resulted in an apparent excess risk in boys, since, among children cultured, the proportion positive was higher for males. However, this apparent excess risk could result from a tendency for girls without streptococcal disease to report for culture more frequently than did boys without disease.

Table 5 shows the relative risks for different ethnic groups. The two largest ethnic groups in Hawaii, the Europeans ("Caucasians") and Japanese, were felt on clinical grounds to have few cases of rheumatic fever. As there was no statistically significant difference between the two, they have been combined to form the base risk level (relative risk=1.0) for the ethnic comparison. Compared to the combined experience of the Europeans ("Caucasians") and Japanese, Hawaiian and Samoan children were 40% more likely to have streptococcal disease on culture, a difference statistically significant. The Filipino rates averaged 29% higher than the European-Japanese baseline, but, with the limited numbers, the difference did not reach statistical significance. Chinese children, although few, had strikingly low rates of positive cultures.

Table 6 shows the relative risk for a positive culture by school district. Honolulu district was taken as the baseline and had the lowest rate of positive cultures. Other districts ranged from 8-25% higher than Honolulu, none of the differences being statistically significant. Because the analysis was done separately within group 1 and group 2 schools and then combined, the effect of the larger proportion of group 1 schools in some of the rural communities is excluded from this result. As shown in Table 2, the overall rate of culture positivity in the group 2 elementary schools was 13.1%, while in the group 1 elementary schools it was 16.4%, or 25% higher ( $p<.01$ ).

### Discussion

In Hawaii, throat culture surveys for group A beta-hemolytic streptococcus have been conducted in the past by two other groups. From August 1961 through November 1962, Chun and Dole<sup>2</sup> reported an overall incidence of 8.5% group A strep among children with respiratory infections who were seen by their private physicians. Over a 15-year period, from 1962 through 1977, Oda<sup>3</sup>, from the Hawaii State Department of Health laboratory, reported a range of 7% to 16% of group A strep from throat swabs submitted by practicing physicians.

Two recent reports from the Mainland on throat culture surveys of school children showed the following: Severin et al<sup>4</sup>

from eastern Nebraska reported an annual positive rate of 14% for group A strep from throat cultures submitted by practicing physicians and dentists; their study covered the period 1968-77. Quinn<sup>5</sup> reported a 12.8% incidence of group A strep from Nashville school children cultured routinely from 1953-74. He found the highest incidence in the 5-to 9-year-old age group and also reported that race made no difference in the positivity rate.

Our present survey covered 4 school-year periods, from September through May of 1976 to 1980. The schools selected were mainly from the Island of Oahu. A total of 35,769 throat cultures were processed, of which 14% showed group A beta-hemolytic strep. However, for the sampling period between September 1978, through June 1979, of 10,700 throat cultures processed, 12.7% were group A strep. By contrast, the carrier rate in 207 asymptomatic children who were randomly selected from the school rooms was found to be 5.7%.

The present survey differed from the two previous ones conducted in Hawaii in that present emphasis was placed on elementary schools with children of Hawaiian ancestry. The elementary schools in which more than one-quarter of the children were identified as being of Hawaiian ancestry had a higher incidence of group A strep—16.4% vs. 13.1% for schools with fewer children of Hawaiian ancestry. This may be due to the fact that the former had more children from lower socio economic groups. However, the difference did not persist in grades 7 and above. As compared with the European-Japanese group, the part-Hawaiian and Samoan children had a greater risk of strep infections.

Children in the elementary grades had a higher incidence of strep infections than those in grades 7 and above. Among children reporting for culture, boys were more likely to have strep infections than girls. However, more girls were cultured. A higher recovery rate for group A strep was encountered in the first 5 months of the school year. By district analysis, the schools in Honolulu had the lowest rate of strep positive cultures. The other school districts had a risk 8 to 25% higher than Honolulu, but the differences were not statistically significant.

In comparing the present study with that by Chun and Dole, three similarities were noted:

1. The carrier rate for group A strep was in the 5% range.
2. A higher incidence of group A streptococcus was found during the first five months of the school year.
3. The elementary school age group had a higher incidence of group A strep infections than did older children.

Three dissimilarities were noted between the two studies:

1. The overall incidence of group A

strep infection was higher for the present study—12.7% vs. 8.5% for Chun and Dole.

2. The incidence of group A from the beta-hemolytic strep colonies isolated was 90% for the present study, while Chun and Dole showed a 57% incidence. Tanimoto et al<sup>6</sup> also found a 57% incidence of group A from the beta-hemolytic strep colonies. His study covered the period 1962-64 on throat swabs submitted to the Hawaii State Department of Health Laboratory.
3. The present study suggests a higher incidence of strep infections among boys, compared with Chun and Dole's observation of no sex difference. The difference between boys and girls in the present study could be due to a greater propensity for girls to report to the health room.

### Summary

1. The overall incidence of group A beta-hemolytic streptococcus was 12.7% among school children with respiratory infections during the sampling period September 1978 through June 1979.
2. School districts in different geographical locations showed no statistical difference in the incidence of group A strep among children with respiratory infections.
3. A higher incidence of group A strep infections was experienced among the following as compared with their counterparts:
  - a. Elementary schools in which more than 25% of the children were of part-Hawaiian ancestry, compared with those with a smaller part-Hawaiian enrollment.
  - b. Part-Hawaiian and Samoan children, compared with other ethnic groups.
  - c. Children of elementary school age, compared with those in grade 7 and above.
  - d. Boys, compared with girls.

### ACKNOWLEDGMENT

Sachiko Taketa, PHN, Administrator School Services Department, coordinated the School Throat Culture Program.

### REFERENCES

1. Mantel N, Haenszel W: Statistical aspects of the analysis of data from retrospective studies of disease. *J National Cancer Institute*. 1959; 22:719-748.
2. Chun LT, Dole M: Streptococcal Survey in Hawaii. *HAWAII MEDICAL JOURNAL* 1966; 25:32-317.
3. Oda AI: Personal communication. April 10, 1978.
4. Severin MJ, Wiley JL, Meisinger HP: Streptococcal surveillance program. *Nebraska Medical Journal*. 1979; 64:84-5.
5. Quinn R: Hemolytic streptococci in Nashville school children. *Southern Medical Journal*. 1980; 73:288-96.
6. Tanimoto RH, Miyasato C, Ching G: A three-year study of beta hemolytic streptococci in throat swabs 1962-1964. *HAWAII MEDICAL JOURNAL*. 1966; 25:309-311.





Friday, June 4, 1982

#### REPORT OF THE SECRETARY:

The Council reviewed the April and May 1982 Reports. April 1982 showed 1,153 members, of whom 763 were full pay members. May 1982 totals showed 1,137 members, of whom 751 were full pay, compared to same period, 1981, 943 total, with 672 as full pay.

#### REPORT OF THE TREASURER:

March & April 1982 Financial Statements reviewed in detail. On the March 1982 membership dues deficit (\$75,880.65), Mr. Jones reported that \$53,000 additional has been collected but not yet transferred to the income statement.

#### ACTION:

**March and April 1982 Financial Statements approved and filed, subject to audit.**

#### PARTIAL REPAYMENT OF BUILDING FUND LOANS:

Mr. Jones reported, in accordance with the House of Delegates resolution passed last year, HMA will start reimbursement to physicians who have paid building loans, according to the schedule as outlined in the resolution.

#### AUXILIARY REPORT:

Mrs. C. McNamee reported that HMA-HCMS installation luncheon and fashion show, held May 20, Prince Kuhio Hotel. A member of the AMA Auxiliary Board, Barbara Quickstad, western regional vice president for AMA Auxiliary, was present at the meeting. HMAA has revised its organizational structure so that there is one president and four vice presidents (each a president of her own County Auxiliary). HMAA will meet 4 times a year, once on each Island. The AMA Auxiliary has collected \$1.5 million for U.S. medical schools.

#### REPORTS OF COMMITTEES/COMMISSIONS

**A. Policy/Position Statements:** HMA has no set policy or position on a number of items and issues. HMA staff has compiled a list of topics that HMA has dealt with at one time or another. It would be to the HMA's benefit to have some kind of statement or action on file, should someone inquire concerning HMA's po-

sition on a certain issue. The topics have been divided among the commissions and committees for review and development of a statement or policy. These will be reported back to the Council for approval.

**B. Internal Affairs:** Dr. Lum reported the Annual Meeting will be held October 11-14, Hilton Hawaiian Village Tapa Ballroom, in conjunction with the World Medical Association. The Scientific Program has been finalized by Dr. John Kim's Scientific Program Committee. The plenary sessions, "Something for Everyone," will be daily, 7:30 a.m. to noon, October 11-13, no registration or course fee for HMA members; \$100 registration fee for non-HMA members as approved by the Council. Members of the World Medical Association have been invited to attend the scientific sessions at no charge. This CME program has been approved for 19 hours of Category I credits by the Hawaii Medical Association and the American Academy of Family Physicians. The Annual Golf Tournament and Sportsmen's Night Party will be Tuesday, October 12. The House of Delegates will meet Monday and Wednesday afternoons. The reference committees will meet following the opening of the House of Delegates on Monday afternoon.

**C. Interprofessional/Public Relations:** Dr. Charlotte Florine submitted a written status report on all committees within her commission.

**Publications Committee:** The first recommendation from the Publications Committee was to add a disclaimer on the editorial page of the Hawaii Medical Journal, as follows: "Editorials are the opinion of the writer and do not necessarily reflect HMA policy."

#### ACTION:

**Council accepts this disclaimer.**

The second recommendation dealt with the title for the editorial page.

#### ACTION:

**The Journal page be titled "Editorials."**

**Roster Update:** Dr. Catts reported that the directory of the Hawaii physicians (roster) will be in the HMA Journal this year, October issue. Mrs. Asato reported that the non-members know about the roster and are applying for membership instead.

**TV-Radio Committee:** The TV-Radio Committee is exploring the possibility of a half-hour medical program on KHET-TV (Public Television, Channel 11) during the fall.

**Membership Benefits Committee:** Dr. Catts reported the Membership Benefits Committee has been looking into a variety of programs. A new sports program will enable members to purchase golf, tennis, and racquetball equipment at discount.

**Aloha Wear:** Dr. Catts reported that the HMA Anniversary material and

shirts will be re-ordered because of demand.

**AMA Direct Membership:** Dr. Catts stated AMA has invited county societies to participate in the screening of direct AMA membership applicants. Societies will have the chance to object to an applicant's membership. Mr. Won explained Honolulu County's procedure for handling these applicants and urged that Neighbor Island components also develop a mechanism for response to the AMA.

#### D. Health Service & Care

**Health Manpower:** Drs. Catts and Winn met with Dean Terence Rogers concerning an unsubstantiated report that the medical school was not complying with the mutual agreement between HMA and UH Medical School regarding the reduction in class size. The Medical School has, in fact, reduced the class size by 10% for next year. The HMA Manpower Committee has now started exploring the size of residency programs. At the suggestion of Dean Rogers, a joint committee of the UH Medical School and the HMA will study the residency programs.

**Community Health Care:** Dr. Catts reported that she wrote to Dr. Sheridan Weinstein, Region IX, DHHS, explaining to him that the Council would not come to a consensus on the programs discussed at the April 2 meeting (Kaiser Foundation Health Plan—Y5Z5, Waianae Coast Comprehensive Health Center, Waikiki Health Clinic, and the Kokua Kalihi Valley). Dr. Weinstein wrote back and thanked Dr. Catts for informing him of the situation. He also mentioned that they had phased out the federal funding to the Kaiser Foundation Health Plan. The only program that will continue to receive funding is the Waianae Coast Comprehensive Health Center.

Rev. Jory Watland presented a request for HMA to support Kokua Kalihi Valley Clinic's application to the federal government for a full-time physician to be placed with them under the National Health Service Corp. Program. The Council deliberated this issue in great detail.

#### ACTION:

**A motion that HMA write a letter of support for their application under the National Health Service Corp. was passed with three dissenting votes.**

It was also suggested that a committee study this issue in greater depth.

**E. Public Health:** Dr. James Lumeng reported on the Committees under this Commission.

**Sports Medicine Committee:** Dr. Lumeng presented a sports medicine history form to the Council. Last year several committees had worked on this sports medicine questionnaire, which was approved by the Academy of Pediatrics. This is the final form the Sports Medi-



cine Committee would like to submit to Council. It is to be completed by the parents or legal guardian only, and will assist the physician(s) who are approving the athlete's physical examinations. **Dr. Mills** suggested that the last sentence of the paragraph "Please be reminded that any 'yes' answers *do not* mean that your child will be unable to participate in athletics" be emphasized at the point of *DO NOT*. This questionnaire will be a Department of Education form.

**ACTION:**

**The Sports Medicine History form was accepted with the amendments.**

**Chronic Illness:** **Dr. Lumeng** reported that the Chronic Illness Committee would like to recommend a name change to include "Aging." The committee's main concerns are both chronic illness and geriatrics.

**ACTION:**

**The Chronic Illness Committee will be changed to Chronic Illness and Aging.**

**Cancer Committee:** **Dr. Thomas Hall** reported for the Cancer Committee which approved the concept of a project proposed by the Community Cancer Program of Hawaii under **Dr. Hall**. He presented an explanation of the project, Hawaii Dietary Enrichment Risk Reduction.

**ACTION:**

**Council approved the concept of the project as presented by Dr. Thomas Hall.**

**F. Legislation:** **Dr. George Goto** reported that the Legislative Roundup has been distributed to all Council members and will be distributed to all HMA members. The Council discussed in great detail SB 2636, SD 1, HD 1, a bill relating to informed consent. This law has been part of the rules and regulations of the Board of Medical Examiners. **Dr. Cahill** commented that the informed consent rules apply to surgery as well as to every office visit. It was suggested that the Legislative Committee review this issue and report back to Council in September. It was also suggested that the Legislative Committee review the regulations and rules that are on the books.

**ACTION:**

**The Legislative Committee will have the responsibility of reviewing this issue, to report back to Council in September.**

It was suggested that **Dr. Catts** write a letter to the Governor regarding SB 2636, SD 1, HD 1.

**G. EMS:** **Dr. Robert Sitkin** reported that he had received correspondence from the DOH showing that the community colleges were interested in providing all levels of training for the EMS Program. **Dr. Sitkin** discussed this matter

with the chairman and a few other members and felt that a meeting with the community colleges should be arranged. It should be noted that the community colleges have been providing EMT training on the Neighbor Islands. The committee felt that a consortium arrangement between the community colleges and HMA-EMS Program would be best. The EMS Program under HMA would be finished as of June 30, 1982. The EMS Executive Committee worked out an arrangement with the community colleges and its employment training office for a transition year during 1982-83, further transitions to occur over the next few years. It was felt to be important that the committee maintain a medical model and medical input from HMA. The community colleges would retain all members of the teaching staff. **Dr. Sitkin** requested approval from Council for the consortium with the community colleges in providing EMS training. At the June EMS meeting, one person strongly disapproved of this consortium, but the remaining members supported the concept. Questions were raised on the determination of the quality of performance. **Dr. Sitkin** mentioned that there are two mechanisms: 1) to review the entire program this coming year and 2) to evaluate how well the EMS graduates do on the national EMT exam and how prepared the EMT graduates are to go into MICT Program.

**ACTION:**

**Support of the consortium with the community colleges was approved.**

**H. MIEC:** **Mr. Won** reported 79 members have selected MIEC. A number of applications are pending, including one from 65 psychiatrists employed by the state.

**1. A&T Printers:** **Mr. Won** reported A&T's sales averaged approximately \$35,000 over the past 4 months. The company expects an increase of sales by about 15% a month. Since A&T is expecting a new typesetting machine and camera equipment soon, this will allow the printing company to be in full service. HMA will control all processes. A&T is also looking for additional space at cheaper rent. The A&T Board of Directors made 2 recommendations to the Council: 1) that HMA consider investing more capital into A&T; and 2) assume the agreement of sale of payment which is \$1,500 a month until 1985.

**ACTION:**

**Council referred A&T's recommendations to the Finance Committee, to report back.**

**J. HAMPAC:** **Dr. Catts** reported the first Board meeting of HAMPAC to be June 10. There are 43 members on the Board. The Board will discuss the reorganization of HAMPAC, dues structure, legislative update and ways of selecting

candidates the Board will support this year.

**K. Business/Medicine Coalition:** **Dr. Winn** reported that there are presently 2 subcommittees of the coalition: 1) Health Education, primarily to develop health education material and articles for employees of businesses; and 2) Medical Disability, which is looking at the problems of employers on medical disability granted by doctors to employees. The Health Education Committee has already developed an article on generic drugs and is working on an article on being healthy. The Medical Disability Committee has been well received and has reviewed an improved medical disability form as well as handling specific cases and issues.

**L. Insurance Committee:** **Dr. Winn** said it appears large corporations with many employees receive better rates for health insurance programs because of their ability to negotiate with insurance companies. The Insurance Committee is trying to find a broker who will seek improved insurance programs without HMA's providing funding up front, or we will negotiate more favorable programs on our own. **Mr. Won** will study additional avenues in this area when he is in Chicago for the AMA Annual Meeting.

**REPORTS OF COMPONENT SOCIETIES:**

**M. West Hawaii:** The hospital problem reported at the last Council meeting is being resolved and the situation has improved.

**N. Kauai:** The main interest of the Kauai Medical Society is to increase membership.

**O. Hawaii:** At the HCMS membership meeting, May 27, the main topic was HMA Update. **Dr. Ann Catts** and **Jon Won** were present. Members discussed a non-discrimination form distributed by Medicaid which has troubled some members. **Dr. Catts** and **Mr. Won** explained the reason for this form, necessary under federal law.

**P. Honolulu:** **Dr. Cahill** reported on the membership meeting June 1 at Mabel Smyth. A potpourri of topics included: "1982 Legislative Wrapup" by Representative **Connie Chun**, "The Use of High Resolution CT Scanners in Patients with Low Back Pain" by **Dr. Michael Meagher**, and "Improving the Efficiency of an Established Medical Practice" by **Sue Asano**. **Dr. Cahill** also mentioned a letter from **Dr. Doug Ostman**, regarding a course program in cardiac care, at St. Francis Hospital.

**OTHER BUSINESS**

**A. MD/RN Relationship Survey:** **Dr. Catts** reported that, from a total of 190 returns, 89 said "excellent," 70 had "no major problem," 18 "get along," 8 "workable," and 5 "tolerable at best."

**B. HMSA Survey:** **Dr. Catts** reported 55 replies to the survey, these to be broken



# If You Need Medical Equipment, Bancorp Leasing Can Fill Your Prescription.

This is the Futuralix 90. It's an extremely advanced piece of X-ray equipment, and Straub Clinic has it, thanks to some help from Bancorp Leasing of Hawaii.

"Leasing enables us to take advantage of the newest technology without tying up a lot of capital," explains Phil Nelson, Assistant Administrator at Straub.

"We talked to a few different leasing companies, but frankly no one could come

close to the excellent lease Bancorp Leasing arranged for us."

Working with Mike Carr, our Director of Marketing, Phil explained Straub's requirements. Mike arranged a lease that suited Straub's needs perfectly.

If you're in the market for medical or other equipment, chances are we can help you lease just about anything you need, for a lot less than it would cost you to buy it.

Give us a call!



## **Bancorp Leasing of Hawaii**

**537-8811**

A subsidiary of Bancorp Hawaii, Inc. and an affiliate of Bank of Hawaii.



## The United States Air Force Medical Corps

is currently accepting applications  
for the following specialities:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.



# PEQEX

**NEW & RECONDITIONED  
MEDICAL EQUIPMENT  
FOR SALE**

- WE WILL PURCHASE YOUR  
EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT



PHYSICIAN'S EQUIPMENT EXCHANGE, INC.  
866 IWILEI RD., 207/HONOLULU, HI 96817

**537-2724**

## If you do business in Hawaii . . .

we have something for  
everyone in business and  
the professions. Straight  
news, features, penetrating  
columns, public record data,

personalities, even a bit  
of humor.

## . . . we have news for you



**PACIFIC  
BUSINESS  
NEWS**

For information call 521-0021.

down into problem categories. A few select members will sit down with representatives from HMSA and discuss the problems that physicians have named. Problems include reimbursement, specific policies regarding pediatrics and psychiatry, and payment of "par" and "non-par" physicians.

**C. Benevolent Fund Survey:** Dr. Catts reported 307 responses: 98 yes, 209 no, and 10 undecided. The majority does not want to re-establish the Benevolent Fund.

**D. Foundation for Medical Care:** Dr. Uehara said Foundation membership is of 3 classes: 1) Council members (voting stockholders, decision makers), 2) participating members, and 3) PSRO members. The Foundation was asked to look into development of an IRA program. Dr. Uehara reported Dr. Winn is to chair a subcommittee to look into this matter. Dr. Uehara's committee held several meetings regarding peer review. The concept of a peer review program ranges from PSRO, utilization review, claims review or something like the Board of Medical Examiners. Regarding peer review, there is no consensus. The AMA in December had voted 7 criteria of what peer review should be at the state level. One of the major points is that peer review should be done on the local level. Dr. Uehara reported what the AMA wants from the state and local societies regarding the concept of peer review. AMA has suggested 4 options concerning the methods of forming a peer review organization. Dr. Uehara reported that Dr. Nadine Bruce spoke with several hospital administrators regarding PSRO. The paperwork of PSRO did not appear to be as much of a headache as thought. On the many aspects of peer review, the committee will report back to the Council.

**E. HMA Travel Club:** Mr. Won reported the Travel Club is picking up a lot of business. The Travel Club sends a representative to Straub Clinic 2 days/week.

**F. Bylaws Review:** Dr. Catts reported that the Executive Committee, after reviewing the bylaws, found one section that needed to be discussed. The bylaws state that a member from each component society must be on each committee of HMA. The Executive Committee felt that this rule could be removed. The Council decided to change the "must" to "may"; it would be up to the component societies to decide.

**G. Heptachlor:** Mrs. Kendro reported that an ad hoc committee on heptachlor was formed; but HMA had not been initially informed or kept abreast of the situation as it developed. Dr. Catts wrote to the Governor, as well as to the Director of Health, asking that physicians be involved from the very beginning of any crisis that affects the health of the community. As a result of several meetings, it was felt that we should join with DOH in a written agreement and form a medical community network. The Department of

HAWAII MEDICAL JOURNAL



Health would be obliged to contact us during medical emergencies and HMA would try to provide the DOH with the necessary medical expertise on which to base their actions. Mrs. Kendro reported that the ad hoc committee is recommending to Council that HMA immediately draw up a written agreement with the Department of Health to form this medical community network. It was proposed that the ad hoc committee survey all physicians in the state and feed the information received into the computer, so that HMA will have some idea as to what kinds of expertise there are in the state.

**ACTION:**  
HMA will draw up an agreement with the Department of Health to form the medical emergency network.

The second recommendation was discussed in detail, members feeling there should be some sort of documentation in regards to the physician's expertise.

**ACTION:**  
HMA will conduct a survey to collect data on the various areas of expertise that the physicians in our community may have, and have it documented and carefully reviewed.

Dr. Catts also mentioned that HMA will reactivate the Public Safety Committee.

**H. Director of Health Appointment:** Dr. Catts reported that Mr. Charles Clark is being regarded as the permanent director for the Department of Health. She wrote to Governor Ariyoshi, regarding the appointment of a qualified physician as the permanent Director of Health. Governor Ariyoshi wrote back that he did not believe it necessary for a physician to hold that position, as it was primarily an administrative position, with the necessary medical advice available from others.

**1. PSRO:** Mr. Won reported from the last executive director of the Pacific PSRO on the current situation regarding the federal government audit. The questioned costs of the PSRO have been decreased from almost \$250,000 to \$198,000. Requests by the PacPSRO to have the case dismissed because the PSRO is going out of business and will not be able to defend itself or answer any summons, has not been responded to by DHHS. The Council felt that HMA is not involved in this PSRO fight and held off on any determination of funding an appeal for PacPSRO until a later time.

**J. AMA Delegate, Therapeutic Technology Assessment:** Dr. Catts reported that the AMA Council on Scientific Affairs is now seeking expert physicians to serve on a Diagnostic and Therapeutic Technology Assessment Reference Panel (DAT-TA). They are inviting HMA to submit 8 nominees and if any of the component societies would like to nominate anyone, the forms are available.

◇

# Reduce Your Stress



In addition, we handle all conversion details from any present system.

Talk to Marlene Wong at 523-2171.



## Bishop Computer Center

Authorized WANG Software Consultants  
140 South King Street / Honolulu, Hawaii 96813

**kōkua**  
to help, assist, support

## Kokua Nurses and Para Professionals

is a medical staff relief  
agency committed to:

- CAREFUL SCREENING
- ON-SITE ORIENTATION
- PERFORMANCE MONITORING
- EMPLOYER SATISFACTION

### NURSES - 536-2326

R.N.'s, L.P.N.'s, Nurse Aides

### PARA PROFESSIONALS 531-7251

Medical Technologists and  
Laboratory Technicians, Radiologic  
Technologists, Respiratory  
Therapists, Physical &  
Occupational Therapists

*Founded in Hawaii . . .  
Serving all Hawaii*

1210 Auahi St., #223  
Honolulu, HI 96814

## CLASSIFIED ADVERTISING Call 521-0021

Minimum 4 lines  
\$3.50 per line + tax

### EMPLOYMENT OPPORTUNITIES

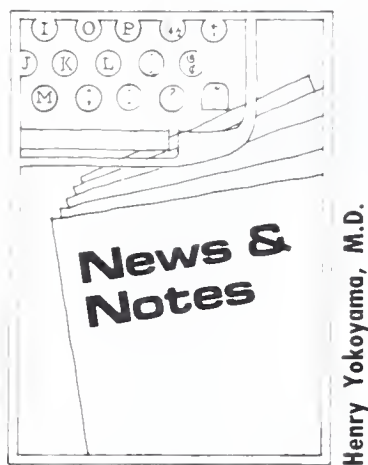
**PHYSICIAN (Overseas)**  
General practice. 1 yr. internship, 3 yrs.  
residency/clinic. \$40,000 + tax shelter  
of 80%. Pacific Placement 531-4891.

### FOR SALE

**IBM MEDICAL COMPUTER  
SYSTEM.** \$12,500 Complete satisfaction  
or refund. Call Mel Sakaue 734-2271.

### OFFICES

**WAIALAE KAHALA**  
New medical office bldg. Fall '82 occupancy.  
Call Sydnee Arth (R) 537-6372



## Sportsmen

HMA 126th Annual Meeting sports events: *Golfers*: Tournament on Tuesday October 12, at Leilehua Golf Course. Shot gun start at 12:30 p.m. Other sporting events: Tennis Tournament; Racquet Ball Tournament; Skin Diving and Deep Sea Fishing Tournament on weekend of September 11-12. Interested persons should call Irene Wong at HMA Office . . .

Hole-in One: Avid golfer **Frank Fukunaga** had his second hole-in-one in 4 months during the KMC Golf Tournament at WCC. Frank hit an orange ball with his No. 3 iron on the 2nd hole . . .

## Belated Tournament News:

The 4th Annual HCMS Golf Classic was held at the Hawaii Kai Golf Course where 49 physicians and 12 women participated. **Ed Kagihara** continued his winning streak with a net 65 (Prizes: Color TV and \$300 certificate toward purchase of portable or mobile phone). At net 66 was **A.B. Richardson** who won a black and white portable TV set and also a \$300 certificate for the purchase of a portable or mobile phone. **John Houk** was 3rd low net with a net 67 and at net 68 were the threesome of **Allan Young**, **Leonard Kiehm** and **Nobu Nakasone**. **Paul Tamura** is on his comeback trail with a net 69 and **Alvin Paraz** had a net 70. Tennis player **Herb Uemura** won high gross which is quite remarkable since this was only his 3rd time on a course. (As reported by **Bill Dang**, our roving reporter . . .) Donations were from the following: Tel Page—**Dave Nattenberg**; A&T Printers, Inc.—**Harold Yamaguchi**; Honolulu Physicians Exchange—**June Morioka**; **Ray Hatate**; **Paul Tamura** PCML; **Calvin Kam**; **James Young**; **Al Chun Hoon**—HCMS President's Fund; **R.D. Moore**—Radiology Associates; **Y.K. Paik**—S.F.H. Pathology; **Tom Kobara**—Acupath Lab; **Doug Ostman**—S.F.H. ER; **Gordy Somekawa**—Roche Lab; **Henry Fong**; **Dave Dubois**; **Vince Brown**, **Paul DeMare**—Bio Science Lab; **Wally Soong**—Lilly.

The Swing-for-Life Golf Tournament results: Individual winner was **Francis**

Soon with a net 61 (19-inch Zenith color TV). In 3rd place was **Glenn Kokame** with a net 63 (Seiko wristwatch). In Team competition, in 2nd place was the team of **Larry Chun**, **Glenn Kodame** and **Richard Ueyehara** with a net 123. Also at net 123 was the team of **Francis Au**, **Shun-Kwung Liao** and **Francis Soon** . . .

The 12th Annual KMC Medical Staff Individual Golf Tournament was held on April 23 with 11 foursomes participating. **Al Paraz** was the big winner with a net 67 and **Don Maruyama** was 2nd with his net 68. **Frank Fukunaga**, **Isaac Kawasaki**, **Henry Manayan**, and **Masa Tasaka** were all tied with a net 69. Frank also received an extra cash award for his hole-in-one on the 2nd hole . . .

## Runners

In the Wahiawa Pineapple Run on April 24, **Anne Brennan** won the women's heat by breaking the tape in 43:16.7, more than 1½ minutes under the women's record. In the men's heat, **Jim Gallup** finished third as he did last year. . .

In the third annual Masters Run in June in Hilo, **Jim Gallup**, 46, set a course record with a time of 1:24:56, beating **John Powley**, two-time winner, by nearly 15 minutes in the 15-mile event.

## Advice

Pediatrician **Franklin Young** feels that it is important for parents to be involved in their children's sports activities (Franklin has taken his own advice by volunteering to coach his daughter's basketball team) . . . Pediatrician **Judith Meyer** claims that for younger children the fun is in the playing, not in winning. The idea of winning is an adult concept that takes the enjoyment of the game away from children . . . (From Parents' Hotline, June 7)

*Sex as exercise?* . . . When **Arthur Mollen**, who writes "the art of feeling good," was asked, "What type of cardiovascular exercise is sex?" Arthur replied, "You can burn between 50 and 100 calories during sex (including foreplay), again depending on your intensity . . . Although sexual activity can be a pleasurable experience and cardiovascular exercise, I suggest you condition yourself with exercises such as jogging, bicycling or swimming. They'll give you even more endurance in your sexual athletics."

**Tom Au** of Honolulu is a trained volunteer member of the Far West Division of the Bay Area Region of the National Ski Patrol (NSP) and is one of 24 members of the NSP of Honolulu taking turns going to Mauna Kea where an increasing number of people are skiing on the 13,796-foot mountain . . .

The Nike shoe company flew 12 top execs to Honolulu for a checkup with **Jack Scaff**. The deal was that they got the trip free if they ran as fast as Jack calculated they should in the 13.1-mile half-

marathon sponsored by Nike and the Honolulu Club . . .

## Professional Moves

The Year of the Dog is here and we are in the "dog house" because of the lateness of these announcements . . . We reach back to March because that's where we were mired . . . Both Internist **Alfonso Faustino** and urologist **William Davis** relocated to the Professional Plaza of the Pacific, 1520 Liliha St. from the Professional Center Bldg. Alfonso moved into Suite 401 and Bill into Suite 406. Also moving into the Professional Plaza of the Pacific, Suite 403, was psychiatrist **Anthony Seto** . . . Cardiovascular surgeon **Ricardo J. Moreno** associated with **Richard Mamiya** at Queen's Physicians Office Building, Suite 710 . . . Plastic Surgery of Hawaii, Ltd. (**Gunther Hintz**, **Rolland Nakashima** and **Guido Lozada**), opened its branch office at 314 Uluniu St., Kailua, Hawaii . . .

In April, ENT man **R. Bruce Joseph** relocated to the Queen's Physicians Office Building, Suite 1007 . . . Ophthalmologist **Stephen Clason** who has been associated with **Wayne Wong**, announced that he was taking over Wayne's practice at 615 Piikoi St., Suite 510 . . . Plastic surgeon **Ernesto M. Espaldon** opened his office at the Kuakini Medical Plaza, Suite 811 . . . FP **Barry Odegaard** relocated from the Ala Moana Clinic to Kapiolani Children's Medical Center, Suite 1050, and FP **Sandra Penn** opened her office at 1055 Kalo Place, Suite 103, where she will do general and sports medicine, obstetrics, pediatrics, women's health, nutrition, counseling and biofeedback . . . On the Big Island, **Edwin Hauns**, former president of the American Diabetic Association, and professor of internal medicine at the University of North Dakota, associated with the Hilo Medical Group, Inc. . . . On Maui, **Michel Skolnick** who does general practice and preventive medicine, opened at Kihei Physicians, Kihei Professional Plaza, Kihei, Maui . . .

In May, hematologist-oncologist **Jefrey Nakamura** relocated from Queen's POB, Suite 804, to Kuakini Medical Plaza, Suite 310, with pulmonologist **Alvin Furuike** . . . Internist **Gary Inamine** relocated to Professional Center, Suite 423 . . . Internist **Lincoln Kalani Kobayashi** relocated from Queen's POB to St. Francis Hospital Medical Office Building, Suite 207 . . . Internist **N. Fred Myers** associated with the Ala Moana Medical Clinic, Inc., Ala Moana Building, Suite 415 . . . Internist **Raymond C.B. Tam** joined the Kaiser-Permanente Medical Care Program . . .

In June, **Tokuso Taniguchi** of Hilo announced his retirement and so did ob/gyn man **Edward Ballerini** also of Hilo . . . In Honolulu, internist **Ronald Lee** opened offices at both the Professional Plaza of the Pacific, Suite 703, and



# Before your patient forgets what you did for him, help us pay the claim.

We know you'll feel a lot better when your bills get paid promptly. You can get fast service from HMSA if you submit your claims promptly. It will not only keep your accounts current, the cash flow situation in your office will be a lot healthier.

Anytime you have a problem or suggestion, please let our Professional Relations Department know. We're here to help you.

HMSA—the efficient way, for you and your patients.



## **HMSA** **Professional** **Relations** **Department**

Oahu: 944-2259

Maui: 244-7425

Kauai: 245-3393

Hawaii: 935-5441 (Hilo)

329-3030 (Kailua-Kona)

Queen's POB, Suite 612 . . . Plastic surgeon **Burr von Maur** joined **Michael Weiner's** Hawaii Plastic Surgical Associates, Inc., at 119 Merchant St., Suite 504, where he will practice plastic, reconstructive, hand and microsurgery.

## Elected, Appointed & Honored

We are proud of our HMA president, **Ann Catts**, who was one of five women honored for outstanding achievement by the YWCA in May . . . **Fred Gilbert**, medical director of the Pacific Health Research Institute, has received a \$63,000 grant from the American Cancer Society to analyze and evaluate data gathered in the ACS National Cancer Institute Breast Cancer Detection and Demonstration Projects held in Honolulu and elsewhere . . . **Stuart Spelman**, radiologist, was honored as physician of the year at Kona Hospital . . . **John S. Smith** was elected chairman of the Pan Pacific Surgical Association board of trustees at the recent 16th International Congress in Honolulu. Other officers are **Clifford Straehley**, chairman elect; **William Yarbrough**, first vice chairman; **Kazuo Teruya**, past chairman; and **Cesar B. deJesus**, treasurer. Trustees are **Edward Blight**, **Thomas Kosasa**, **Allan Kunimoto**, **William Montgomery**, **L.Q. Pang**, **James Penoff**, **Donald Sroat**, **Harvey Takaki**, **Raymond Taniguchi**, and **Thomas Whelan Jr.** . . . **Arthur Kobayashi** and **Danelo Canete** were appointed to the Medical Advisory Board . . . HMSA installed **Ernest Bade**, of Hilo, on its board of directors. Re-elected were **John Edwards** and **Stanley Saiki**. **Albert Chun-Hoon** is secretary of the board . . . **Karl Pregitzer**, **Cynthia Nakasato**, and **John Mueh** were named to the State Emergency Medical Services Advisory Committee . . . The Hawaii Chapter of the American Academy of Family Physicians elected **Nathan Wong** president, **Lily Ning** president-elect, **Bernard Chun** secretary, and **Donald Farrell**, treasurer . . . Kapiolani-Children's Medical Center board members include **Ralph Hale**, **Sherrel Hammar**, **Hugh Ogburn**, **Walton Shim**, **George Shimomura**, and **Calvin Sia** . . . **Kheng See Ang** has been elected president of the Hawaii Chapter of Alpha Omega Alpha National Honor Medical Society. **Susan Sorenson** is vice president, **Bert Lam**, secretary-treasurer, and **Sharon Bintliff**, councillor . . . The Hawaii Dermatological Society installed Kailua dermatologist **David Huntley** president and **William Wong**, VP . . . **D. Venu Reddy**, pediatric cardiologist, has been invited to speak at the World Congress of Cardiology in Moscow . . . He presents his research findings on Kawasaki's Syndrome . . . Collaborating authors are **Raquel Hicks** and **Marian Melish** . . . The Kuakini Medical Staff elected **Thomas Fujiwara** as Physician of the Year for 1982 . . .

## Life in These Parts

The Hospital Association of Hawaii announced that a 18-month study shows Hawaii has an acute nurse shortage . . . The severe shortages are among RNs in acute care facilities, especially ICU and CCU on evening and weekend shifts . . . A survey showed 6,241 nurses relicensed in 1981-82, but 1,339 were not in nursing.

Even in April, **Edward Hsia**, director of medical genetic services, UH School of Medicine, had to reiterate that "many babies have been exposed to much higher levels of heptachlor than those in Hawaii and no bad effects have been seen" . . . UH pharmacology professor **Ted Norton** says that the 0.3 level is much too high for the babies of breast-feeding mothers . . . Ted disagreed with pediatricians who have told Oahu mothers the value of breast milk outweighs any possible hazard from heptachlor the mothers may have injected . . . We rather enjoyed QMC director of education **Dennis Meyer's** comment: "The suggestion that humans should be concerned because a substance causes cancer in field mice is totally illogical."

Federal medical investigator **Cas Jasinski** reported that the light plane crash on Molokai last year killing 4 Maui residents was due to the pilot's poor judgment, caused by marijuana intoxication. Traces of marijuana were found in the pilot and his 3 women passengers. Several other drugs—cocaine, Valium, and Tranxene, were found at the accident site.

Three Maui physicians, **Steven Moser**, **Joseph Hew** and **Ronald Resnick**, feel that the open-water systems in Upcountry and West Maui could be carrying giardia . . . DOH Environmental Health Specialist **Larry Killion**, however, does not think so.

## Hors de Combat

On June 15, Gov. George Ariyoshi signed into law a stronger drunk driving law, which had been passed earlier by the legislature. In effect, the law requires judges to sentence convicted first time offenders to a 14-hour alcohol abuse treatment program, and to choose 2 out of 3 penalties: 48 hours in jail; 72 hours of community service; or a 30-day license suspension. Repeat offenders would be subject to stiffer penalties . . .

**Mary Glover** was one of 4 anti-nuclear weapon protesters arrested in April climbing a rope ladder into Pearl Harbor's West Loch naval magazine to pray against weapons stored there. Mary later related that she had not known about the planned entry until the rope ladder was tossed over the fence, but said, "When they went over, I followed, feeling that my prayers would be really more effective if I could just get to the bombs and pray over them."

**Sylvia Porter** in "Your Money's Worth" reports that Medicare expenditures would be cut \$2.5 billion from the

\$350 million in medical costs that were shifted to the elderly by the 1981's Budget Reconciliation Act . . . Last year, Congress boosted the Medicare hospital deductible from \$204 to \$260. The co-payments also go up: *i.e.*, the amounts a Medicare patient must pay beginning with the 61st day of hospital stay or the 21st day of SNF stay. Under Part B of Medical, the present deductible of \$75 (raised from \$50 last year) may rise in tandem with the consumer price index. Another proposal would limit the annual increase in the amount that Medicare would pay the physician from the current 8% to 5% and delay the increase from July to October . . . Sylvia predicts that if these proposals are adopted, even more physicians will refuse to accept assignments and collect more from the patients to make up for the limited Medicare payments. (She's right!)

**Benjamin Andrion**, 25, was committed to the Hawaii State Hospital on February 22, 1980, for a 90-day period after he threatened his brother-in-law and nephew with a knife. On March 13, less than a month later, Health Department officials released Benjamin and allowed him to return to Maui. On March 27, Benjamin went berserk and attacked his mother, father, sister-in-law and a 17-month-old nephew at his parents' home. His mother died from wounds and other family members were severely cut. The Andrions are suing for \$1 million each former DOH director **George Yuen**, Mental Health Division head **Dennis Mee-Lee**, Hawaii State Hospital administrator **Howard Gudemann** and medical administrator **Richard Markoff**.

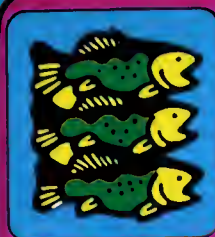
The Waianae Coast Comprehensive Center may have to cut back emergency services or close the emergency room, in the face of consistent revenue losses and the anticipated 25 to 40% cutback in federal funding for the fiscal year 1982-83. A survey of the center's "bad debts" showed that 90% of those debts originate from emergency room services.

A congressional study concluded that doctors influenced or controlled 70% of the nearly \$280 billion Americans spent on health care last year, but most doctors are blind to the cost of the services they order. The GAO study said doctor education can save money by promoting shorter hospital stays, fewer lab tests and less frequent follow-up visits.

Health director **George Yuen** retired in March under the shadow of the heptachlor controversy, but a Star-Bulletin editorial points out the following: That George leaves behind a Health Department regarded as one of the best in the nation . . .

The DOH lost a good man when **Ned Wiebenga**, state epidemiologist since 1972, died April 26 . . . Ned sparked the immunization law, requiring new school enterers to be completely immunized.





# Where to go For BUSINESS DINING



## RESTAURANTS & CATERING



**'A Beeg T'ing'**  
(At Last!)

**Columbia Inn**

*Top of the Blvd.  
and Waimalu*

**Both Open 24 Hrs.**  
(Except the Wee Hours  
of Monday Morning)

Cartoon  
Courtesy of  
The Honolulu  
Star Bulletin

CHINESE AND AMERICAN FOOD

**CONSISTENTLY GOOD  
CHINESE FOOD . . .**

*Coral Reef*

Restaurant and lounge

**Mauka side next to Woolworth**  
1006 Ala Moana Center

Open from 10:30 AM to 9:30 PM  
Sundays 10:30 AM to 5 PM  
**Phone: 949-3500**

**Now Serving  
Hot and Spicy  
Dishes for Dinner**



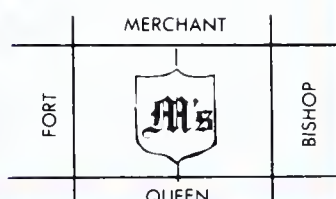
**Breakfast - Lunch - Cocktails**  
in the heart of Downtown.

**M's Coffee  
Tavern**  
6:30-2 P.M.

**Cheerio Room**  
OPEN  
9:00 A.M.

"No Sir, there is nothing which  
has yet been contrived by men,  
by which so much happiness is  
produced, as by a good tavern or inn."

*Samuel Johnson*



**MARUKIN**  
AN AUTHENTIC SUSHI-YA

Also Serving the Finest  
in Japanese Food

Located in Eaton Square (One block mauka from the  
Ilikai Hotel), 444 Hobron Lane.

•PHONE: 955-8844•

OPEN DAILY -  
Lunch-11:00 a.m. - 2:00 p.m., Dinner-5:00 p.m. - 1:00 a.m.  
VALET & FREE VALIDATED PARKING

**Arthur's**  
Luncheon served from 11AM to 2PM,  
Monday thru Friday. Cocktails till closing  
at 10 PM. Light lunches on Saturdays.  
In the Davies Pacific Center, on  
Merchant and Alakea Sts. Phone 521-7133.  
*A Flamingo Restaurant*

(Formerly Napualani)

**4 Banquet Rooms**

**For 20-250 Persons**  
Breakfasts—Luncheons  
Dinners—Cocktails

Full sit-down dinners from \$6.95

Ample Validated Parking

Reservations: Ann Kubota, 922-3861

**Quality Inn Waikiki-Paoakalani & Kuhio**

On the "Big Island" it's Quality Inn Hilo

**Seafood in its  
Finest Hour**

Any hour from 11 am to 10 pm,  
Fridays & Saturdays 'til 11 pm.

**THE SEAFOOD EMPORIUM**

Please call 922-5547 for reservations

Royal Hawaiian Shopping Center, second floor • corner of Kalakaua and Lewers



*Enjoy one  
of these fine  
eating places  
today!*

# MIEC

## Medical Insurance Exchange of California

*Professional Liability Insurance Exclusively*

- Quality Protection From Hawaii's Only Physician Owned Company
- Financial Strength and Stability
- Sponsored by Hawaii Medical Association

FOR FURTHER INFORMATION CONTACT:

Hawaii Medical Association  
320 Ward Avenue, Suite 200  
Honolulu, HI 96814  
536 • 7702

HOME OFFICE: THREE EMBARCADERO CENTER • SAN FRANCISCO, CALIFORNIA 94111  
MAILING ADDRESS: P.O. BOX 7149 • SAN FRANCISCO, CA 94120  
TELEPHONE (415) 393 • 5250



Special Edition

OCTOBER 1982  
VOL., 41, NO. 10

# Hawaii MEDICAL JOURNAL

THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143



1982-83 Directory of Hawaii Physicians



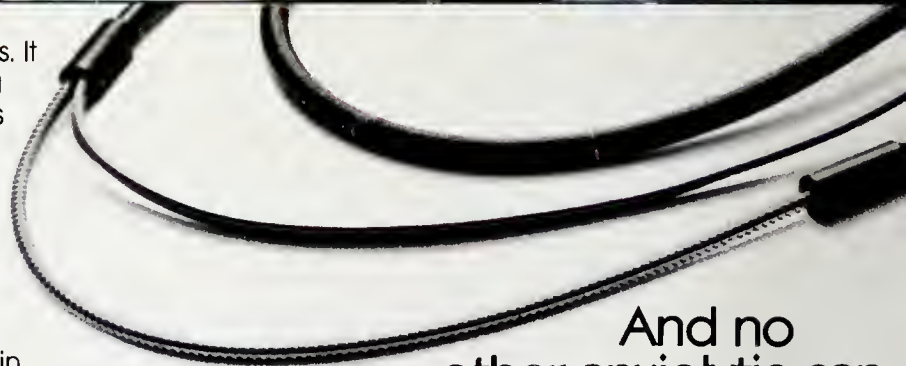
# THE UNMATCHED MULT CLINICAL PROFILE O

## No other benzodiazepine can claim its clinical scope

As a psychotropic, Valium (diazepam/Roche) has fully established its value in the wide range of anxiety states seen in clinical practice. Time and again, Valium has provided prompt, dependable relief of the often disabling symptoms—such as apprehension, agitation, inability to concentrate—associated with anxiety disorders. It has also been a valuable aid in managing the intense anxiety that often accompanies serious illness, such as myocardial infarction, and in controlling the anxiety-linked symptoms that may contribute to functional disorders.

In addition, Valium is well known for its skeletal muscle relaxant and anticonvulsant properties. Extensively used in hospitals and rehabilitation centers as well as in office practice, Valium has proved to be a valuable adjunct in the management of skeletal muscle spasm due to local pathology, such as fractures and the "low back syndrome"; in the management of spasticity due to upper motor neuron disorders, such as cerebral palsy; and in the management of certain convulsive disorders, including status epilepticus (I.V.).

Only Valium is indicated in such a broad range of disorders—and performs its multidimensional tasks so consistently and dependably.



## And no other anxiolytic can provide its dosage flexibility

For maximum dosage flexibility, Valium (diazepam/Roche) is available in an impressively wide variety of forms and strengths. The three tablets—2 mg, 5 mg and 10 mg—are scored so that dosage can more readily be determined, adjusted and readjusted to meet changing needs. Geriatric patients, for instance, should be started with the lowest effective dosage: 2 to 2.5 mg once or twice daily initially, then gradually increased or decreased as necessary.

For rapid calming in acute anxiety situations, Valium is also available in injectable forms, and these, unlike some other anxiolytics, are ready for instant use and can be administered either intravenously or intramuscularly, as required. For example, when used to allay preoperative anxiety, Injectable Valium is generally given intramuscularly; when it is used to calm patients before elective cardioversion, the I.V. route is indicated.

And Valium is now available in once-a-day capsules for those patients requiring 5 mg t.i.d., a form that utilizes a totally new concept in slow-release drug delivery. Valrelease™ (diazepam/Roche), the new 15-mg slow-release dosage form, provides greater convenience for many patients and facilitates greater compliance...and makes the most versatile benzodiazepine more versatile than ever.




# DIMENSIONAL VALIUM<sup>®</sup> (diazepam/Roche)

and none can match its record of  
safety and experience in practice

After almost two decades of extensive clinical use, Valium (diazepam/Roche) has become one of medicine's most respected drugs, and the standard against which other anxiolytic agents must be routinely judged. And today, just as when first introduced, Valium continues to stand out from the others. Literally thousands of published reports attest to its effectiveness in a variety of clinical situations—and to its excellent safety profile.

At recommended oral dosages, Valium has long proved to be well tolerated by most patients. Side effects other than drowsiness, fatigue and ataxia have rarely been encountered. As with all CNS-acting agents, ambulatory patients need to be cautioned about drinking, driving or operating dangerous machinery while taking Valium. Periodic reassessment of the continued need for Valium therapy is advisable.



2-mg, 5-mg, 10-mg scored tablets  
Tel-E-Dose<sup>®</sup> Reverse-Number Packs  
2-ml Tel-E-Ject<sup>®</sup>  
disposable syringes } 5 mg/ml  
2-ml ampuls, 10-ml vials }

now available—VALRELEASE<sup>™</sup>  
(diazepam/Roche)  
slow-release 15-mg capsules  
the totally new once-a-day  
dosage form of Valium

# VALIUM<sup>®</sup>

(diazepam/Roche)<sup>®</sup>



Before prescribing, please see summary of product information on next page.



# VALIUM® (diazepam/Roche) <sup>®</sup> Tablets

## VALRELEASE™ (diazepam/Roche) <sup>®</sup> Capsules

### INJECTABLE VALIUM® (diazepam/Roche) <sup>®</sup>

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in: relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome. *Oral forms* may be used adjunctively in convulsive disorders, but not as sole therapy. *Injectable form* may also be used adjunctively in: status epilepticus; severe recurrent seizures; tetanus; anxiety, tension or acute stress reactions prior to endoscopic/surgical procedures; cardioversion.

The effectiveness of diazepam in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindications:** Tablets or capsules in children under 6 months of age; known hypersensitivity; acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation/dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because their use is rarely a matter of urgency and because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**ORAL:** Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients; should not be employed in lieu of appropriate treatment. When using oral forms adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

**INJECTABLE:** To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V.: inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Injectable Valium (diazepam/Roche) directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest; concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea; have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs.

Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or

less); prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence; can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

**Precautions:** If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of diazepam, i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed and tolerated). The clearance of diazepam and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**INJECTABLE:** Although promptly controlled, seizures may return; readminister if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly/debilitated.

**Adverse Reactions:** Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, discontinue drug.

Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, observed in patients during and after diazepam therapy are of no known significance.

**INJECTABLE:** Venous thrombosis/phlebitis at injection site, hypocoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

**Management of Overdosage:** Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure; employ general supportive measures, I.V. fluids, adequate airway. Use levarterenol or metaraminol for hypotension. Dialysis is of limited value.

#### How Supplied

**ORAL:** Valium (diazepam/Roche) scored tablets—2 mg, white; 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500\*;

Prescription Paks of 50, available in trays of 10; \* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25† and in boxes containing 10 strips of 10.†

Valrelease (diazepam/Roche) slow-release capsules—15 mg (yellow and blue), bottles of 100;† Prescription Paks of 30.†

**INJECTABLE:** Ampuls, 2 ml, boxes of 10;† Vials, 10 ml, boxes of 1;† Tel-E-Ject® (disposable syringes), 2 ml, boxes of 10.† Each ml contains 5 mg diazepam, compounded with 40% propylene glycol, 10% ethyl alcohol, 5% sodium benzoate and benzoic acid as buffers, and 1.5% benzyl alcohol as preservative.

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110





# HAWAII MEDICAL JOURNAL

(USPS 237-640)

*Published Monthly for the*  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

*Editor*, HARRY L. ARNOLD, JR., M.D.  
*News Editor*, HENRY N. YOKOYAMA, M.D.  
*Managing Editor*, DORIS R. JASINSKI, M.D., M.P.H.  
*Assistant Editor and Book Review Editor*,  
DOUGLAS G. MASSEY, M.D.  
*Contributing Editors*, JOHN M. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
CHARLES S. JUDD, JR., M.D.,  
J.I. FREDERICK REPPUN, M.D.  
*Editorial Assistants*: JENNIE ASATO, BECKY KENDRO

*Editorial Board*: NORMAN GOLDSTEIN, M.D.,  
RALPH W. HALE, M.D., THOMAS C. HALL, M.D.,  
ROBERT T. S. JIM, M.D., JAMES LUMENG, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.,

*Publications Committee*: CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
DORIS R. JASINSKI, M.D.,  
(Chairman)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

*President*, ANN B. CATTS, M.D.  
*President-Elect*, CALVIN C.M. KAM, M.D.  
*Past President*, NEAL E. WINN, M.D.  
*Secretary*, KWONG YEN LUM, M.D.  
*Treasurer*, WILLIAM H. HINDLE, M.D.

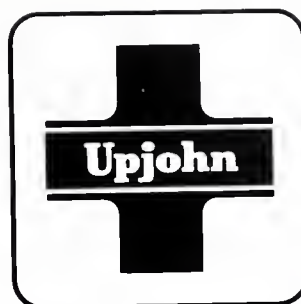
*County Presidents*  
*Hawaii*, ERNEST L. BADE, M.D.  
*Honolulu*, THOMAS G. CAHILL, M.D.  
*Kauai*, JOHN W. NEWMAN, M.D.  
*Maua*, MICHAEL R. SAVONA, M.D.  
*West Hawaii*, KENNETH GRANT

*Delegate to AMA*,  
HERBERT Y.H. CHINN, M.D.  
*Alternate Delegate to AMA*,  
WILLIAM E. IACONETTI, M.D.

*Advertising Representatives*  
National  
**UNITED MEDIA ASSOCIATES, INC.**  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
**CROSSROADS PRESS, INC.**  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc., for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.



# UPJOHN HEALTHCARE SERVICES<sup>SM</sup>

**Upjohn**  
**Home Health Agency**



## Services Approved for Medicare/Medicaid

- Registered Nurses
- Home Health Aides
- Social Worker
- Occupational Therapists
- Physical Therapists
- Speech Pathologists
- Other Insurance Claims Honored

**Call Day or Night**  
**521-3011**

**210 WARD AVE. • SUITE 127**

## Table of Contents

Staff of Hawaii Medical Association . . . . .	277
Abbreviations of Specialties . . . . .	278
County Society Membership Codes . . . . .	278
Alphabetical Listing of Physicians . . . . .	280
Hospitals . . . . .	360
Geographical Listing of Physicians by Postal Zones . . . . .	362
Physicians Listed by Primary Specialty . . . . .	370
Frequently Called Phone Numbers . . . . .	375
Instructions to Authors, Hawaii Medical Journal . . . . .	376
Continuing Medical Education . . . . .	379
Over the Editor's Desk . . . . .	380

## Advertiser Index

AABagail Rents & Sells . . . . .	382	In-Control . . . . .	279
A&T Inc. . . . .	361	Infodata Computer . . . . .	295
Earle M. Alexander, Ltd. . . . .	323	Johnson Associates . . . . .	297
American Trust Company . . . . .	375	Kokua Nurses & Para Professionals . . . . .	375
Amfac Distribution, Ltd. . . . .	329	Kuakini Medical Center . . . . .	295
Argonaut Insurance Co. . . . .	355	Eli Lilly and Company . . . . .	299
Auto Equipment Leasing Co. of Hi. . . . .	291	Maamalu, Inc. . . . .	309
Bancorp Leasing of Hawaii . . . . .	303	Medcah, Inc. . . . .	275
Benefit Consulting Services . . . . .	331	Medical Insurance Exchange of California . . . . .	289
Bio-Science Laboratories . . . . .	335	Merck Sharp & Dohme . . . . .	311-314
Bishop Trust . . . . .	321	Milex-Hawaii . . . . .	351
E.A. Buck Company, Inc. . . . .	361	Nissan Motor Co. of Hi. . . . .	345
Burroughs-Wellcome Co. . . . .	281	Office Things . . . . .	276
Bureau of Medical Economics, Ltd. . . . .	283	Pacific Information Exchange, Ltd. . . . .	339
Business Tax Planners . . . . .	333	Physician's Equipment Exchange, Inc. . . . .	327
Chart Comprehensive . . . . .	297	Physicians Exchange of Honolulu, Inc. . . . .	363
The Client's Corporation . . . . .	325	Profesco of Hawaii . . . . .	349
Convalescent Center of Honolulu . . . . .	361	Self & Wong Insurance . . . . .	357
Davies Euromotors . . . . .	357	Servco Automotive . . . . .	316-317
Doctors and Nurses Answering Service . . . . .	305	South Pacific Insurance . . . . .	337
First Hawaiian Leasing . . . . .	381	Square One . . . . .	331
Hawaii Business Machines . . . . .	363	State Savings and Loan . . . . .	307
Hawaii Hearing Aids, Ltd. . . . .	309	Theta Realty Corp. . . . .	337
Hawaii Medical Service Association . . . . .	367	U.S.A.F. Recruiting . . . . .	341
Hawaiian Trust . . . . .	293	Upjohn Health Care Services . . . . .	273
The Hicks Higuchi Corp. . . . .	371	Wang Laboratories, Inc. . . . .	353
Hoffmann-La Roche, Inc. . . . .	270-272, 285 & 286	Webco Hawaii . . . . .	359
Honolulu Orthopedic Supply . . . . .	347		



**"We'll convert your delinquent  
receivables into cash with  
persistence, hard work and  
a little help from our computer."**

**JOE MANCINELLI**

President  
Medcah, Inc.

A collection service with affiliations  
throughout the Mainland, the Pacific Basin,  
Australia, Asia, Europe and Africa.



**M E D C A H I N C**

Honolulu office: 1188 Bishop Street, Suite 1002, Honolulu, Hawaii 96813, Telephone: 526-9545  
Windward office: 22 Oneawa Street, Kailua, Hawaii 96734, Telephone: 262-2311  
Cable: MEDCAH

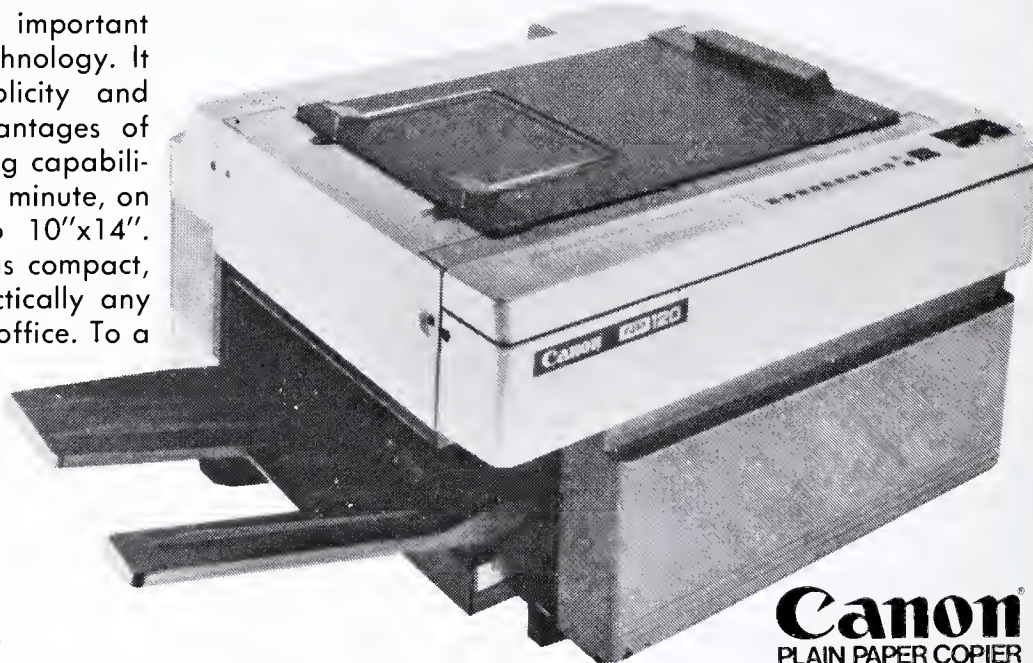


# NEW . . . and at only \$2,395



## THE CANON NP-120 ONE TOUCH COPIER. NO WASTED TIME, ENERGY, SPACE, COST.

The Canon NP-120 is an important achievement in micronics technology. It offers the virtues of simplicity and economy with all the advantages of Canon's sophisticated copying capabilities. It will make 12 copies a minute, on virtually any paper, up to 10"x14". With great copy quality. It is compact, quiet, reliable and fits practically any office's needs. From a small office. To a large corporation that requires decentralized low-volume copying operations. That has needs to save energy. Has no time to waste. Cannot afford the luxury of wasting space. And must work within budget. This is the Canon NP-120 copier. A copier so simple, it works at a touch!



**Canon**  
PLAIN PAPER COPIER  
**NP120**

**Copying within less space.** Compact in design, it incorporates a fixed copyboard that enables it to be placed anywhere. For quiet, solid, dependable operation day in and day out. **Copying on any paper.** Yes, virtually any paper can be used. From statement, letter and legal size — all the way up to 10"x14" so you can even copy computer printouts. It will copy books, sheets, and 3-dimensional objects. **And the convenient cassette loading system holds up to 250 sheets.** And there's no need to change cassettes to make a different size copy when you need just one, **just use the single-sheet bypass system.** Simply slip the copy paper into the bypass and it's done instantly. **Copying within budget.** You save in many ways. First, because the

Canon NP-120 is economical to buy. Secondly, because it's economical to run — with its time and energy saving features, operating costs are kept to a minimum. And since it uses plain paper, you save the cost of specially treated or coated paper. **Copying without wait, too.** There's no warmup time at all. You get 12 crisp, clean copies a minute, regardless of copy size. **One touch copying.** One simple touch on the copy key and it instantly goes to work. No power switch to turn on, and it shuts off automatically. It sits quietly, always ready to copy when you need it. Let's talk with you about how the Canon NP-120 will be just right for your office needs.

**MICRONICS MAKE IT SIMPLE. ASK ABOUT OUR LEASE/PURCHASE PLAN.**

**Call us to arrange a demonstration. No obligation, of course.**

HONOLULU  
2340 Kam Highway

**847-0221**

KAHULUI  
261 Lalo Street

**877-7331**

HILO  
101 Holomua

**935-5401**

KONA  
74-5603 Alapa

**329-1308**

*A different kind of company where promises and customers are kept.*





## STAFF OF HAWAII MEDICAL ASSOCIATION



JON R. WON  
Executive Director



NELSON JONES  
Asst. Exec. Dir.  
Operations



BECKY KENDRO  
Asst. Exec. Dir.  
Community Affairs



LESLIE AJIFU  
Director  
Financial Affairs



JENNIE ASATO  
Director  
Communications,  
Membership



BESS CHANG  
Director  
Medical Services,  
Education



IRENE WONG  
Director  
Internal Affairs



MARILYN LINDSEY  
Secretary to  
Executive Director



AURORA FRUEHLING  
Committee Secretary,  
Government Affairs



POLLY GATELEY  
Committee Secretary,  
Medical Services



SUSAN HOKAMA  
Committee Secretary,  
Communications



DIANE MATSUNAGA  
Committee Secretary,  
Internal Affairs



LOURENE AGUIAR  
Mail & Data  
Processing Clerk



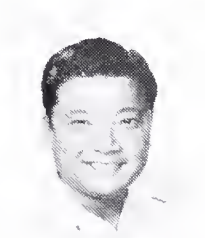
JOELLA KAWAMOTO  
Accounts Clerk



PAT KAWAMOTO  
Senior Accounts  
Clerk



HAROLD YAMAGUCHI  
Sales Manager  
A&T Printers



RICHARD HAMURA  
Production Manager  
A&T Printers



REB BELLINGER  
Manager  
Bureau of Medical  
Economics



JUNE MORIOKA  
Manager  
Physicians Exchange



THOMAS EGAMI  
Supervisor  
Building Maintenance



TAKASHI KANNO  
Building Maintenance

## KEY TO SPECIALTIES

Physicians are listed by field of practice, according to designated specialty codes from the latest AMA Directory. An asterisk (\*) next to the physician's specialty code means board certified. Information in this directory is based solely on personal data furnished by the physician.

ADL	Adolescent Medicine	OPH	Ophthalmology
AM	Aerospace Medicine	OT	Otology
A	Allergy	OTO	Otorhinolaryngology
AI	Allergy and Immunology	PTH	Pathology
AN	Anesthesiology	CLP	Pathology, Clinical
BLB	Bloodbanking	FOP	Pathology, Forensic
BE	Broncho-Esophagology	PD	Pediatrics
CD	Cardiovascular Diseases	PDA	Pediatric Allergy
D	Dermatology	PDC	Pediatric Cardiology
DMP	Dermatopathology	PDE	Pediatric Endocrinology
DIA	Diabetes	PHO	Pediatric Hematology-Oncology
EM	Emergency Medicine	PNP	Pediatric Nephrology
END	Endocrinology	PA	Pharmacology, Clinical
FP	Family Practice	PM	Physical Medicine & Rehabilitation
GE	Gastroenterology	P	Psychiatry
GP	General Practice	CHP	Psychiatry, Child
GPM	General Preventive Medicine	PYA	Psychoanalysis
GER	Geriatrics	PYM	Psychosomatic Medicine
GYN	Gynecology	PH	Public Health
HEM	Hematology	PUD	Pulmonary Diseases
HYP	Hypnosis	R	Radiology
IG	Immunology	DR	Radiology, Diagnostic
ID	Infectious Diseases	PDR	Radiology, Pediatric
IM	Internal Medicine	TR	Radiology, Therapeutic
LAR	Laryngology	RHU	Rheumatology
LM	Legal Medicine	RHI	Rhinology
MFS	Maxillofacial Surgery	RIP	Radioisotopic Pathology
ND	Neoplastic Diseases	ABS	Surgery, Abdominal
NEP	Nephrology	CDS	Surgery, Cardiovascular
N	Neurology	CRS	Surgery, Colon and Rectal
NPM	Neonatal-Perinatal Medicine	GS	Surgery, General
CHN	Neurology, Child	HS	Surgery, Hand
NA	Neuropathology	HNS	Surgery, Head & Neck
NM	Nuclear Medicine	NS	Surgery, Neurological
NR	Nuclear Radiology	ORS	Surgery, Orthopedic
NTR	Nutrition	PDS	Surgery, Pediatric
OBS	Obstetrics	PS	Surgery, Plastic
OBG	Obstetrics and Gynecology	TS	Surgery, Thoracic
OM	Occupational Medicine	TRS	Surgery, Traumatic
ON	Oncology	U	Surgery, Urological

In addition to the above specialties, the following designations are also used:

OA	Other, i.e., physician designating a specialty other than those appearing above.	US	Unspecified, i.e., physician did not specify a specialty.
----	--	----	---

## KEY TO COUNTY SOCIETY MEMBERSHIP CODES

HCMS —	Hawaii County Medical Society member
KCMS —	Kouai County Medical Society member
MCMS —	Maui County Medical Society member
OCMS —	Honolulu County Medical Society member
WHMS —	West Hawaii Medical Society member
Ret —	Retired member
Res —	Resident Physician member
Stu —	Medical Student member
Hon —	Honorary member

**Note:** There is no county society code for non-member physicians.



# ***“but DOCTOR . . . HOW do I Quit SMOKING?”***

**FINALLY THERE IS AN ANSWER  
TO THAT OFTEN ASKED QUESTION.**

Now you can write a prescription that can cure your smoking patients of their dilemma. They will quit within 4 days without hypnosis, aversion, or behavior modification. We know that you'll be happy to hear that over 85% of those you refer to us will still not be smoking 1 year after they take our program!

Call us at **942-8844** for more information.  
Your patients will be glad you did.

**IN CONTROL INFORMATION LINE 942-8844**

In Control Inc. was used by the Hawaii State Department of Health  
for the Great American Smoke-Out

**in\*control**

hawaii, inc.





## ALPHABETICAL LISTING OF PHYSICIANS

Due to publishing requirements, this list includes only those physicians registered with the Hawaii Medical Association as of July 1, 1982.



**Abundo, Manuel A. Jr.** GS\*  
302 Colifornio Ave.  
Wahiowa 96786 622-1618  
U. of Sonto Tomas '57  
Lisa 488-0736  
98-1370 Kulowoi St.  
Aiea 96701 OCMS



**Aggerup, Glenn S.** O8G  
1063-E Lower Moin St., #C212  
Wailuku 96793 242-6426  
New York Med. Col. '53  
Bettye 244-3339  
R.R. 1, Box 388  
Wailuku 96793 MCMS



**Akina, Eleanor Green** CHP, P\*  
749 Koiluo Rd.  
Koiluo 96734 261-6306  
U. of Pennsylvonio '45 262-5035  
1237 Mokuluo Dr.  
Koiluo 96734 OCMS



**Achong, Neville G.** GS\*  
99 S. Morket St.  
Wailuku 97893 244-9104  
Howard U. '50  
Florence 877-3126  
782 Makalii St.  
Kohului 96732 MCMS



**Ahana, William W.L.** GP  
St. Louis U. '25  
595-3224  
3127 Aliko Ave.  
Honolulu 96817 OCMS - RET



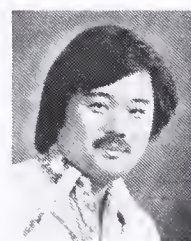
**Akita, Hajime** GP  
Lomo Lindo U. '41  
Alice 536-5658  
2708 Kekuononi St.  
Honolulu 96813 OCMS - RET



**Ackerman, Milton J.** D\*  
1150 S. King St., #201  
Honolulu 96814 521-6955  
Bowman Gray Sch. of Med. '72  
Tommie 531-1945  
666 Prospect St., #306  
Honolulu 96813 OCMS



**Ainge, George R.**  
U. of Howoii '84  
1054 Kolo Pl., #205  
Honolulu 96826 OCMS - STU



**Akitake, Bert** PD  
2180 Moin St.  
Wailuku 96793 242-6464  
Tulane U. '74  
Jone 242-9611  
904 Noelo Pl.  
Wailuku 96793 MCMS



**Adams, Elizabeth M.** P\*  
3627 Kiloueo Ave.  
Honolulu 96816 735-5414  
Cornell U. '47 941-0618  
2005 McKinley St.  
Honolulu 96822 OCMS



**Akagi, Noboru** GS, FP  
99-128 Aieo Hts. Dr., #404  
Aieo 96701 488-5858  
Keio Gijuku U. '52  
Ethel 839-4920  
1293 Alo Aloolo Pl.  
Honolulu 96818 OCMS



**Allin, Robert C.** O8G\*  
95-119 Kom Hwy., #A  
Mililani 96789 623-2212  
Northwestern U. '64  
JoAnn 373-3668  
1452 Komole St.  
Honolulu 96821 OCMS



**Adams, Verne L.** GP, EM  
U. of Oregon '39  
Wilmo 328-9285  
R.R. 1, Box 124  
Coptoin Cook 96704 HCMS-RET



**Akapito, Vita J.**  
1960 East-West Rd.  
Honolulu 96822  
U. of Howoii '86  
OCMS - STU



**Allison, Samuel D.** D\*  
305 Royol Howoiiion Ave., #409  
Honolulu 96815 923-4525  
U. of Oregon '36  
Cecil 734-1288  
4240 Koikoo Pl.  
Honolulu 96816 OCMS



**Adaniya, Roy S.** PUD\*, IM\*  
1520 Liliho St., #405  
Honolulu 96817 526-9523  
Stote U. of N.Y.-Dwnstote '68  
Lovern 395-7110  
263 Ainohou St.  
Honolulu 96825 OCMS



**Akau, Cedric K.**  
1960 East-West Rd.  
Honolulu 96822  
U. of Howoii '83  
946-4058  
2326 Metcolf St.  
Honolulu 96822 OCMS - STU



**Allred, Lawrence H.** O8G  
Woshington U. '43  
Evelyn 878-1945  
Kulo Koi  
Kulo 96790 MCMS - RET



# There's more to **ZYLOPRIM<sup>®</sup>** than (allopurinol).



- From Burroughs Wellcome Co. – the discoverer and developer of allopurinol
- Patient starter/conversion kits available for easy titration of initial dosage
- Patient compliance pamphlets available
- Continuing medical education materials available for physicians



**Prescribe for your patients as you would for yourself.**

*Write "D.A.W.," "No Sub," or "Medically Necessary,"  
as your state requires, to make sure  
your patient receives the original allopurinol.*



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709



**Alvarez-Papaco, Benita** OBG\* NPM  
321 N. Kuakini St., #510  
Honolulu 96817 521-9847  
U. of Santo Tomas '65  
Wilfred  
1377 Laukahi St.  
Honolulu 96821 OCMS



**Ansdel, Vernon E.**  
Birmingham U. '70  
45-137 Kokokohi Pl.  
Koneohe 96744 OCMS - RES



**Arthur, Philip S.** R\*  
Vets Administration  
Honolulu 96822 546-3178  
Georgetown U. '38  
33 Pilipu Pl. 261-6918  
Kailua 96734 OCMS



**Anastasi, Lorene M.** OPH\*  
1314 S. King St., #417  
Honolulu 96814 531-5338  
Creighton U. '63  
Or. Hing Chong, Jr.  
OCMS



**Aoki, John E.** FP\*  
40 Aulike St., #211  
Kailua 96734 262-2377  
U. of Washington '73  
Deanno 261-7077  
438 Akookoo Pl.  
Kailua 96734 OCMS



**Au, Francis T.C.** GS  
1507 S. King St., #103  
Honolulu 96826 941-2646  
Jefferson Med. Col. '49  
Or. Cora 737-9704  
927 8th Ave.  
Honolulu 96816 OCMS



**Anderson, Elisabeth K.** PH, PM  
1250 Punchbowl St.  
Honolulu 96813 548-6510  
U. of Louisville '49  
1221 Victoria St., #2704  
Honolulu 96814 OCMS



**Aoki, Vincent S.** IM\*, PA  
321 N. Kuakini St., #508  
Honolulu 96817 523-6966  
Boylor Col. '61  
Koren  
OCMS



**Au, Stanford K.W.** N\*  
2228 Liliho St., #306  
Honolulu 96817 523-2488  
Washington U. '63  
Winifred  
OCMS



**Ando, Richard** PD\*  
1010 S. King St., #202  
Honolulu 96814 538-1915  
U. of Michigan '48  
Sumiko 536-7896  
2110 Mauna Pl.  
Honolulu 96822 OCMS



**Aona, Francis K.**  
U. of Hawaii '84  
726 Ulili St.  
Honolulu 96816 OCMS - STU



**Au, Thomas** IM  
181 S. Kukui St., #207  
Honolulu 96813 521-3885  
U. of Hawaii '77  
Cynthia  
4130 Poloma Pl.  
Honolulu 96816 OCMS



**Andrew, David** IM\*, PUO  
888 S. King St.  
Honolulu 96813 523-2311  
Johns Hopkins U. '62  
Bannie 737-1130  
4687 Kolahala St.  
Honolulu 96816 OCMS



**Aquilizan, Hilario A.** GS, FP  
53 Puunene Ave.  
Kohulu 96732 871-7728  
U. of Santo Tomas '53  
Alejandra 877-3027  
327 Molokoi Akou St.  
Kahulu 96732 MCMS



**Austin, E.R.** OTO  
U. of Louisville '32  
Virginia 830-8066  
2598 Colle Aragon  
Logano, CA 92653 OCMS - RET



**Andrews, Joseph E.** FP, PUO  
Kula Hospital  
Kula 96790 878-1221  
St. Louis U. '39  
Lois 878-1918  
Kula  
Kula 96790 MCMS



**Arensdorf, Alfred M.** P\*, CHP\*  
2180 Moin St., #612  
Wailuku 96793 244-7194  
U. of Calif.-L.A. '66  
Jonice 244-3410  
405 Liholiho St.  
Wailuku 96793 MCMS



**Azman, Ben K.** FP\*  
2435 Koonopali Pkwy., #H-7  
Lohono 96761 667-9721  
U. of Alberto '68  
Azizo Belle 667-9280  
69 Holelo St.  
Lohaina 96761 MCMS



**Ang, Manuel** GS\*, PO\*  
1441 Kopioloni Blvd., #415  
Honolulu 96814 941-5085  
U. of the East '67  
Beverly 533-7518  
1015 Makaiwa  
Honolulu 96816 OCMS



**Arnold, Harry L. Jr.** O\*  
1380 Lusitono St., #412  
Honolulu 96813 521-6741  
U. of Michigan '35  
Jeanne 734-8305  
4340 Pohoo Ave., #3C  
Honolulu 96816 OCMS



**Bachman, Lyle** OBG\*  
1441 Kopioloni Blvd., #602  
Honolulu 96814 949-0222  
Rush Med. Col. '41  
Adele 734-1275  
1810 Bertram St.  
Honolulu 96816 OCMS



**Angeles, Abdiel M.** IM  
803 Kom Hwy., #311  
Pearl City 96782 456-5959  
U. of Philippines '60  
OCMS



**Arnold, Stephen D.** IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
State U. of N.Y.-Buffalo '75  
Laura 395-8772  
7222 Opaekoa St.  
Honolulu 96825 OCMS



**Bade, Ernest L.** FP\*  
1292 Woionuenue Ave.  
Hilo 96720 961-6631  
U. of Minnesota '66  
Koren 961-3648  
1851 Woianuenue Ave.  
Hilo 96720 HCMS





**Bairos, Alistair W.**  
1356 Lusitana St.  
Honolulu 96813  
Dalhousie U. '80

OCMS - RES



**Barnett, Arthur S.** AN  
1380 Lusitana St., #709  
Honolulu 96813 533-3865  
Columbia U. '76  
1717 Mott-Smith Dr., #3210  
Honolulu 96822 OCMS



**Bautista, Mario P.** 08G  
1834 Nuuanu Ave., #101  
Honolulu 96817 521-7558  
U. of Santo Tomas '43  
Eugenio 734 1136  
744 Elepaio St.  
Honolulu 96816 OCMS



**Balfour, John F.** GS\*  
888 S. King St.  
Honolulu 96813 523-2311  
Washington U. '61  
Debro 732-2953  
4355 Koikoo Pl.  
Honolulu 96816 OCMS



**Bart, Robert D.** CHN\*, PO\*  
1319 Punahou St., #999  
Honolulu 96826 947-1402  
U. of Wisconsin '63  
Sumiko 373-9453  
1403 Laukahi St.  
Honolulu 96821



**Baysa, Jeffery A.**  
UCSF Med. Ctr. Rm. U-587F  
San Francisco, CA 94143  
U. of Hawaii '78  
Anne S.  
OCMS - RES



**Ballard, Edwin R.** FP  
1286 Queen Emma St.  
Honolulu 96813 536-6107  
Geo. Washington U. '48  
Elizabeth 595-3538  
3169 Koochinoni Dr.  
Honolulu 96817 OCMS



**Batkin, Stanley** NS\*, N  
1236 Lauhala St.  
Honolulu 96813 548-8415  
Reg. Qual-Scott Conjoint 8d '44  
Helen 373-3879  
34 Akilola St.  
Honolulu 96821 OCMS



**Baysa, Norberto** FP\*  
302 California Ave., #106  
Wahiawa 96786 622-1618  
Creighton U. '58  
Rosalina 621-9123  
20 Uluwehi St.  
Wahiawa 96786 OCMS



**Ballerini, Edward A.** 08G\*  
U. of Padua '65  
Elizabeth 935-3665  
PSC 3 Box 16016  
APO San Francisco 96432 HCMS



**Batten, Grover H.** GS\*  
1236 Lauhala St., #301  
Honolulu 96813 548-8422  
Johns Hopkins U. '42  
Eileen 737-3377  
1256 Kolaa St.  
Honolulu 96816 OCMS



**Beardsley, Gale R. Jr.** GP  
3408 Paty Dr.  
Honolulu 96822 536-6318  
U. of Michigan '79  
Gail  
3408 Paty Dr.  
Honolulu 96822 OCMS

# Providing Over 29 Years Of Service

For Better Results  
In Your Collections  
CALL 536-9691



**THE BUREAU OF  
MEDICAL ECONOMICS**

Owned and Operated By  
The Honolulu County Medical Society



MEMBER OF THE MEDICAL — DENTAL — HOSPITAL — BUREAUS OF AMERICA





**Beck, L. Clagett** IM  
 Johns Hopkins U. '35  
 Virginia (301) 437-1605  
 Gibsion Island, MD 21056  
 OCMS - RET



**Benson, Robert G.** FP\*  
 181 S. Kukui St., #306  
 Hanalulu 96813 536-5078  
 U. of Wisconsin '32  
 Ruth 595-3175  
 3156 Alika Ave.  
 Hanalulu 96817 OCMS



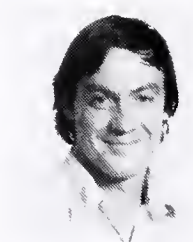
**Bernstein, Leo** PH  
 Tufts U. '34  
 Claire (714) 460-7607  
 P.O. Box 19033  
 San Diego, CA 92119 OCMS - RET



**Beddow, Ralph M.** END, DIA  
 888 S. King St.  
 Hanalulu 96813 523-2311  
 U. of Oregon '50  
 Gail 373-2564  
 306 Nenu St.  
 Hanalulu 96821 OCMS



**Bentley, Wendell J.** PS  
 33 Lono Ave., #300  
 Kahului 96732 871-7502  
 Gea. Washington U. '73  
 Georgia 878-6601  
 378 Kamehamehaike Rd.  
 Kula 96790 MCMS



**Bernstein, Mark H.** P  
 888 S. King St.  
 Hanalulu 96813 523-2311  
 U. of Capetown '73  
 Suzanne 672-4422  
 92-858 Palailai St.  
 Ewa Beach 96706 OCMS



**Belcher, Daniel H.** IM\*  
 1292 Waiianu Avenue.  
 Hila 96720 961-6631  
 Vanderbilt U. '78  
 Sylvia 935-4216  
 3 Lahi St.  
 Hila 96720 HCMS



**Berger, Murray S.** OBG\*  
 1319 Punahou St., #1180  
 Hanalulu 96826 955-6324  
 U. of Chicago '57  
 Joan  
 1050 Naia St.  
 Hanalulu 96816 OCMS



**Berry, Robert** GS  
 U. of Minnesota '38  
 Eugenia 742-1492  
 R.R. 1  
 Kalaa 96756 KCMS - RET



**Bell, Douglas B. II** IM  
 1441 Kapiolani Blvd., #415  
 Hanalulu 96814 941-5085  
 U. of Rochester '55  
 Elisabeth 732-3074  
 4822 Sierra Dr.  
 Hanalulu 96816 OCMS



**Bergmanis, Juris** NS\*  
 550 S. Beretania St.  
 Honolulu 96813 537-2211  
 U. of N. Carolina '56  
 Edith 595-3502  
 158 Dawsett Ave.  
 Hanalulu 96817 OCMS



**Berthiaume, John T.** IM\*  
 98-1247 Kaahumanu St., #215  
 Aiea 96701 487-2477  
 Wayne State U. '78  
 732-6227  
 2156 Aho Niu Pl.  
 Hanalulu 96821 OCMS



**Bendon, James A.** DR\*  
 Maui Memorial Hospital  
 Wailuku 96793 242-2057  
 U. of Miami '70  
 Susan 879-9310  
 3237 Keha Dr.  
 Kihei 96753 MCMS



**Beringer, E. Duane** OBG\*, LM\*  
 NRMC-PH Box 121  
 Hanalulu 96860 471-3909  
 Northwestern U. '54  
 Betty 395-4345  
 7708 Kalahelani Pl.  
 Hanalulu 96825 OCMS



**Best, Etta Wright** PTH\*  
 U. of Louisville '49  
 935-1209  
 177 Monulele St.  
 Hila 96720 HCMS - RET



**Bennett, James G.** PTH\*, CLP\*  
 Harvard Med. Sch. '39  
 Beatrice 734-7527  
 4760 Farmers Rd.  
 Hanalulu 96816 OCMS - RET



**Berk, Morton E.** IM\*, CD\*  
 P.O. Box V  
 Kealahakua 96750 322-3488  
 U. of Louisville '42  
 Carol 325-9985  
 P.O. Box 3183  
 Kailua-Kana 96740 OCMS



**Bjornson, Robert G.B.** R\*  
 2180 Moai St.  
 Wailuku 96793 242-6464  
 U. of Minnesota '45  
 Ann Marie 244-7026  
 R.R. 1, Box 383  
 Wailuku 96793 MCMS



**Bennett, Truett V.** OTO\*  
 888 S. King St.  
 Hanalulu 96813 523-2311  
 Washington U. '45  
 Patricia 261-1020  
 566 Auwina St.  
 Kailua 96734 OCMS



**Berman, Ronald** OBG\*  
 1319 Punahou St., #1180  
 Hanalulu 96826 955-6324  
 U. of Calif.-L.A. '69  
 Pam 988-7161  
 3269 Beaumont Woods Pl.  
 Hanalulu 96822 OCMS



**Blaisdell, Richard K.** IM\*, HEM  
 2230 Liliha St.  
 Honolulu 96817 595-6391  
 U. of Chicago '47  
 Irene 595-6691  
 3333 Kaahinani Dr.  
 Hanalulu 96817 OCMS



**Benson, Homer R.** FP\*, GS  
 U. of Wisconsin '35  
 Marian (415) 933-4617  
 1618 Stanley Dal. Dr., #2A  
 Walnut Creek, CA 94695 OCMS - RET



**Berman, Steven J.** ID\*, IM\*  
 1380 Lusitana St., #810  
 Hanalulu 96813 524-0066  
 State U. of N.Y.-Buffalo '65  
 Heidi 537-4790  
 2667A Tantalus Dr.  
 Hanalulu 96813 OCMS



**Bloomgarden, Robert** P\*  
 161 Kalakaua Kinaale, #8  
 Hila 96720 961-6368  
 U. of Louisville '68  
 Sally  
 HCMS





---

Everyone's talking  
about helping patients  
understand their  
prescription medication...

with your help,  
Roche has been doing  
something about it



# WHAT IF

Roche Laboratories followed up the production and free distribution of 24 million copies of the Medication Education *WHAT IF Book* to patients via physicians, pharmacists and other health care professionals with a new series of booklets on important classes of medicines. The new booklets can be used with your patients to supplement your directions on

# HOW TO

- Use these classes of medicines appropriately
- Ensure maximum benefits from their proper use
- Avoid risks that can follow their misuse

Check below for free supply of booklets desired; complete coupon and mail to Professional Services Department, Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110.

---

The cover is olive green with the title "THE WHAT IF BOOK" in large white letters and the subtitle "on Using Medication Correctly" in smaller white letters at the bottom.	The cover is light green with the title "THE HOW TO BOOK" in large white letters and the subtitle "on Sleep Medication" in smaller white letters at the bottom.	The cover is orange with the title "THE HOW TO BOOK" in large white letters and the subtitle "on Antibacterial Medication" in smaller white letters at the bottom.	The cover is purple with the title "THE HOW TO BOOK" in large white letters and the subtitle "on Diuretic Medication" in smaller white letters at the bottom.	The cover is red with the title "THE HOW TO BOOK" in large white letters and the subtitle "on Arthritis Medication" in smaller white letters at the bottom.	The cover is blue with the title "THE HOW TO BOOK" in large white letters and the subtitle "on Tranquilizer Medication" in smaller white letters at the bottom.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

Medicines that matter from people who care

PRINTED IN U.S.A.





**Bolian, George C.** P\*, CHP\*  
1301 Punchbowl St.  
Honolulu 96813 538-9011  
Tulone U. '57  
Patricia 262-5084  
210 S. Kalaheo Ave.  
Kailua 96734 OCMS



**Brennecke, Morvin A.**  
Washington U. '30  
338-1977  
4011 Ola Rd.  
Waimea 96796 KCMS - RET



**Brown, Vincent C.** TR\*  
1301 Punchbowl St.  
Honolulu 96813 547-4771  
U. of Florida '70  
Patricia 734-5829  
941 Iiwi St.  
Honolulu 96816 OCMS



**Boloson, Lydio K.** FP  
99-185 Moanalua Rd.  
Aiea 96701 488-4151  
U. of Santo Tomas '54  
Mauricio  
2055 Boachelot St.  
Honolulu 96817 OCMS



**Brestle, Joseline G.** AN  
888 S. King St.  
Honolulu 96813 544-8775  
Montpellier Ecole De Med. '64  
Charles 487-6630  
98-985 Kaanohi St.  
Aieo 96701 OCMS



**Bruce, Nodine C.** IM\*  
2230 Liliha St.  
Honolulu 96817 547-6497  
U. of Illinois '70  
Dr. Hons Krack 734-7414  
3786 Pukalani Pl.  
Honolulu 96816 OCMS



**Boone, Edward W.** GS\*, FP  
Homokua Infirmary  
Hanalei 96727 775-7204  
Harvard Med. Sch. '40  
Jean 885-4212  
P.O. Box 1016  
Kamuela 96743 HCMS



**Briley, John M. Jr.** PD\*  
2180 Main St.  
Wailuku 96793 244-6464  
Columbia U. '67  
Ilana 244-9041  
258 Alu St.  
Wailuku 96793 MCMS



**Brust, Raymond W. Jr.** R\*  
2228 Liliha St., #102  
Honolulu 96817 547-6257  
Jefferson Med. Col. '56  
Gloria 941-0145  
2332 Mamane Pl.  
Honolulu 96822 OCMS



**Boone, Wilmot B.** GP  
Dispensary  
Midway Island 96614  
Indiana U. '40  
Elsie 323-3231  
P.O. Box 666  
Kealahou 96750 HCMS



**Bristol, Rodrigo G.** GS  
634 Kolihi St.  
Honolulu 96819 531-8011  
U. of Santo Tomas '63  
Or. Zito 839-6421  
1221 Ala Nopunani  
Honolulu 96818 OCMS



**Buchanon, William Y. Jr.** OR\*  
550 S. Beretania St.  
Honolulu 96813 544-2442  
Med. Cal. of S. Carolina '68  
Susan  
3420 Oahu Ave.  
Honolulu 96822 OCMS



**Bowles, Herbert E.** OBG\*  
U. of Pennsylvania '28  
P.O. Box 34  
Stehekin, WA 98852 OCMS - RET



**Brizzolero, Showno S.**  
U. of Calif.-Davis '79  
4340 Aukoi Ave.  
Honolulu 96816 OCMS - RES



**Budde, James C.** EM\*  
P.O. Box 1266  
Kailua 96734 261-3326  
U. of Calif.-S.F. '70  
261-4779  
P.O. Box 729  
Kailua 96734 OCMS



**Boyden, A. Webster** OPH, OTO  
U. of Washington '23  
Eleanor (415) 346-0964  
1400 Geary Blvd., #1809  
San Francisco, CA 94109 OCMS - RET



**Brodsky, Trina A.**  
U. of Hawaii '84  
614 Kaka Isle Cr.  
Honolulu 96825 OCMS - STU



**Burch, Thomas A.** PH  
1250 Punchbowl St.  
Honolulu 96813 548-6454  
U. of Southern Calif. '46  
Beatrice 261-1559  
236 Kuuhua Pl.  
Kailua 96734 OCMS



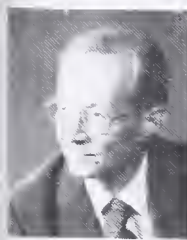
**Boyer, Carl W. Jr.** TR\*  
1301 Punchbowl St.  
Honolulu 96813 547-4771  
Jefferson Med. Col. '55  
Morjaria 261-1134  
838F N. Kalaheo Ave.  
Kailua 96734 OCMS



**Brown, Corol Ann** P\*  
1314 S. King St., #609  
Honolulu 96814 521-4013  
Southwestern U. '72  
247-0774  
46-318 Haiku Rd., #67  
Kaneohe 96744 OCMS



**Burden, J. Alfred** FP\*  
U. of Louisville '36  
879-2948  
3200 S. Kihei Rd.  
Kihei 96753 MCMS - RET



**Bracher, George** R\*  
670 Ponahawai St., #110  
Hilo 96720 935-1156  
U. of Oregon '34  
Helen 882-7620  
134 Puoko Beach Dr.  
Kamuela 96743 HCMS



**Brown, Mork W.** ORS  
932 Ward Ave., #460  
Honolulu 96814 521-6564  
U. of Calif.-L.A. '76  
Teresita 262-9167  
1485 Akuleono Pl.  
Kailua 96734 OCMS



**Burgess, C.M.** GS\*  
Northwestern U. '34  
949-8741  
2502 Monoo Rd.  
Honolulu 96822 OCMS - RET





**Burke, Frederick M. Jr.** EM, PD\*, P  
Maui Memorial Hospital  
Wailuku 96793 244-9056  
U. of Vermont '65  
Phyllis 878-6759  
114 Kai-Nana Pl.  
Kula 96790 MCMS



**Camara, Jorge G.** OPH  
888 S. King St.  
Honolulu 96813 523-2311  
U. of the Philippines '76  
Maria Virginia 395-2409  
7805 Makaaa Pl.  
Honolulu 96825 OCMS



**Catts, Ann B.** PTH\*  
1301 Punchbowl St.  
Honolulu 96813 547-4271  
Women's Med. Cal. of Pa. '56  
920 Ward Ave., #9E  
Honolulu 96814 OCMS



**Burnett, Curtis**  
U. of Hawaii '81  
Cathy  
150 Pualei St., #2  
Lahaina 96761 OCMS - RES



**Canete, Danelo R.** IM, CD  
839 S. Beretania St.  
Honolulu 96813 531-6471  
U. of Santo Tamas '60  
Phyllis  
46-355 Holopu St.  
Kaneahe 96744 OCMS



**Caver, Claude V.** D  
1380 Lusitana St., #401  
Honolulu 96813 536-3661  
U. of Texas '45  
Cefe 839-4324  
1234 Ala Mahamae St.  
Honolulu 96819 OCMS



**Burnett, William H.** IM  
2180 Main St.  
Wailuku 96793 242-6464  
U. of Pittsburgh '47  
Carol 661-4640  
150-2 Pualei Dr.  
Lahaina 96761 MCMS



**Carlson, George L.** AN, OA  
P.O. Box 888  
Wailuku 96793 879-8716  
U. of Hawaii '77  
Kathy Snyder 879-3478  
344 Nehu Pl.  
Kihei 96753 MCMS



**Ceccarelli, Frank E.** U\*  
30 Aulike St., #602  
Kailua 96734 261-8531  
New York U. '51  
Mary 247-5377  
46-002 Nana Pl.  
Kaneahe 96744 OCMS



**Bussey, George D.** P  
1356 Lusitana St., #402  
Honolulu 96813 548-3420  
E. Virginia Med. Sch. '77  
Maira 261-7704  
864 Maluniu Ave.  
Kailua 96734 OCMS



**Carty, Fugate** OBG\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Louisville '45  
Deseree 537-4381  
1022 Prospect St., #708A  
Honolulu 96822 OCMS



**Cecilio, Salvador B.** ORS\*  
302 California Ave., #202  
Wahiawa 96786 622-2674  
U. of Santa Tamas '67  
Francina 671-2215  
94-1077 Mahua Pl.  
Waipahu 96797 OCMS



**Buto, Stephen K.**  
U. of Hawaii '85  
611 Ekekelia Pl.  
Honolulu 96817 OCMS - STU



**Carvalho, Reginald S.** FP\*  
261 Waiianue Ave.  
Hila 96720 935-3731  
Creighton U. '61  
Dana 959-6336  
2960 Ainaloa Dr.  
Hila 96720 HCMS



**Chalmers, John F.** GS\*, U  
P.O. Box 3378  
Honolulu 96801 637-6178  
Northwestern U. '44  
4013 Lurline Dr.  
Honolulu 96816 OCMS



**Cachero, Catalino L.** FP  
1834 Nuuanu Ave.  
Honolulu 96817 524-5024  
U. of Santa Tomas '55  
Canchita 373-1115  
1044 Koimoku Pl.  
Honolulu 96821 OCMS



**Cashman, Thomas M.** PD\*  
888 S. King St.  
Honolulu 96813 523-2311  
New Jersey Med. Sch. '62  
Sandra  
3130 Hualani St.  
Honolulu 96822 OCMS



**Chandler, Harold M.**  
Washington U. '26  
Dorothea 536-6055  
999 Wilder Ave., #1205  
Honolulu 96822 OCMS - RET



**Cahill, Thomas G.** FP\*  
98-211 Pali Mami St., #830  
Aiea 96701 487-5527  
U. of Calif.-Irvine '70  
Jinny 488-8139  
98-1530 Akaaka St.  
Aiea 96701 OCMS



**Casile, Ruben A.** GS, OBG  
101 Hualalai St.  
Hila 96720 961-6096  
U. of Santa Tamas '54  
Mary Lau 959-9949  
120 Pohakulani St.  
Hila 96720 HCMS



**Chang, Clarence F.** FP, OBG  
33 S. King St., #502  
Honolulu 96813 536-7940  
Rush Med. Cal. '40  
Tay Len 537-9884  
1938 Mott-Smith Dr.  
Honolulu 96822 OCMS



**Callan, John P.** IM\*, PUD\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
State U. of N.Y.-Brooklyn '67  
Emily 373-2992  
1624 Kalaniiki St.  
Honolulu 96821 OCMS



**Cass, Muriel**  
U. of Pittsburgh '10  
2186 City View  
Eugene, OR 97405 OCMS - RET





# MIEC

## Medical Insurance Exchange of California

*Professional Liability Insurance Exclusively*

- Quality Protection From Hawaii's Only Physician Owned Company
- Financial Strength and Stability
- Sponsored by Hawaii Medical Association

FOR FURTHER INFORMATION CONTACT:

Hawaii Medical Association  
320 Ward Avenue, Suite 200  
Honolulu, HI 96814  
536 • 7702

HOME OFFICE: THREE EMBARCADERO CENTER • SAN FRANCISCO, CALIFORNIA 94111  
MAILING ADDRESS: P.O. BOX 7149 • SAN FRANCISCO, CA 94120  
TELEPHONE (415) 393 • 5250



**Chang, Clifford B.G.** GS\*  
1314 S. King St., #415  
Honolulu 96814 949-0505  
Creighton U. '57  
Maud 595-2262  
116 Ragsdale Pl.  
Honolulu 96817 OCMS



**Chang, Frank D.** AN  
321 N. Kuokini St., #306  
Honolulu 96817 537-3263  
Taipei Med. Col. '66  
Frances 988-6915  
2926 Woodlawn Dr.  
Honolulu 96817 OCMS



**Chang, Gordon Y.H.** OBG  
1374 Nuuanu Ave.  
Honolulu 96817 533-4271  
Creighton U. '51  
Jean 737-4269  
4202 Alae St.  
Honolulu 96816 OCMS



**Chang, Hon Chong** R\*  
Jefferson Med. Col. '37  
Lorraine 536-7869  
2718 Tantolus Dr.  
Honolulu 96813 OCMS - RET



**Chang, Jeanette H.J.** PD\*  
1314 S. King St., #413  
Honolulu 96814 946-6088  
Chicago Med. Sch. '55  
Stanley Mah 949-8686  
2329 Sanama St.  
Honolulu 96822 OCMS



**Chang, Laurette** IM  
1356 Lusitana St.  
Honolulu 96813 521-7943  
U. of Hawaii '80  
595-3927  
3511 Nuuanu Pali Dr.  
Honolulu 96817 OCMS - RES



**Chang, Richard K.C.** IM\*, GE\*  
1314 S. King St.  
Honolulu 96814 531-8011  
Creighton U. '49  
Dr. Mory Redford 949-6910  
2426 Armstrong St.  
Honolulu 96822 OCMS



**Chang, Thomas Y.K.** FP  
1206 Pensacola St.  
Honolulu 96814 537-5288  
Creighton U. '44  
Cherry 734-5723  
518 Ahina St.  
Honolulu 96816 OCMS



**Chang, Walter W.Y.** IM\*, A\*  
1374 Nuuanu Ave.  
Honolulu 96817 533-4271  
Northwestern U. '55  
734-8857  
1165 Hunokoi St.  
Honolulu 96816 OCMS



**Chang, Walter Y.M.** GS\*  
2228 Liliha St., #406  
Honolulu 96817 537-1916  
Temple U. '54  
Wilma 595-6991  
OCMS



**Chang, Winfred Y.K.** IM\*  
40 Aulike St., #411  
Kailua 96734 261-3364  
St. Louis U. '56  
Patricia  
36 Kalaka Pl.  
Kailua 96734 OCMS



**Chang, Yen Pui** GP  
Jefferson Med. Col. '29  
Anne 946-6215  
2235 Sea View Ave.  
Honolulu 96822 OCMS - RET



**Char, Donald F.B.** PD\*  
1710 East-West Rd.  
Honolulu 96822 948-8965  
Temple U. '50  
Agnes 373-4868  
5650 Halepa Pl.  
Honolulu 96821 OCMS



**Char, Walter F.** P\*, CHP\*  
1356 Lusitana St., 4th Fl.  
Honolulu 96813 548-3420  
Temple U. '45  
Mildred 734-1003  
3928 Kaulaio Pl.  
Honolulu 96816 OCMS



**Chee, Percival H.Y.** OPH\*  
50 S. Beretania St., #C116  
Honolulu 96813 521-6578  
U. of Rochester '62  
Carolyn 737-0641  
3755 Paka Pl.  
Honolulu 96816 OCMS



**Chen, Chao H.** OBG\*  
1380 Lusitana St., #504  
Honolulu 96813 531-6727  
China Med. Cal. '68  
Lynn 988-2507  
2959 Kaloaluliki St.  
Honolulu 96822 OCMS



**Chen, Ming** OPH\*  
181 S. Kukui St., #303  
Honolulu 96813 538-1269  
Chung Shan '73  
Christina 941-4556  
2222 Citran St., #901  
Honolulu 96826



**Chen, Thomas Ching-Wen** IM  
140 Kinaale St.  
Hilo 96720 935-7181  
Taipei Med. Col. '68  
Jean 959-6549  
1513 Kilaha St.  
Hilo 96720 HCMS



**Cheng, Minolu R.** GS  
78-6824 Mamalahoa Hwy.  
Halualaa-Kona 96725 322-9621  
Taipei Med. Col. '67  
Mei-Yeh 322-3321  
P.O. Box 879  
Kailua-Kona 96740 WHMS



**Cherry, James W.** GS\*, CRS  
U. of Arkansas '45  
Dr. Julio Frahllich 955-2016  
2140 Puualii Dr.  
Honolulu 96822 OCMS - RET



**Chesne, Edward L.** CD\*, IM\*  
1380 Lusitana St., #1002  
Honolulu 96813 521-7402  
Northwestern U. '55  
Carol 524-2575  
OCMS



**Chiang, Richard** OTO  
Jefferson Med. Col. '23  
Beatrice  
263 West End Ave., R14G  
New York, NY 10023 OCMS - RET



**Childs, Edgar S.** R\*  
347 N. Kuakini St.  
Honolulu 96817 547-9545  
Yale U. '35  
Louise 373-4154  
222 Wailupe Cr.  
Honolulu 96821 OCMS



**Ching, Charles T.H.** IM\*  
1507 S. King St., #205  
Honolulu 96826 949-5437  
Marquette U. '55  
Suzanne 595-6863  
111 Dawsett Ave.  
Honolulu 96817 OCMS





**Ching, Lou M.**  
U. of Hawaii '83  
1505 Alexander St., #804  
Honolulu 96822 OCMS - STU



**Ching, Nathaniel P.H.** TS\*, GS\*  
2228 Liliha St., #303  
Honolulu 96817 533-2005  
Jefferson Med. Col. '59  
Clara  
2226 University Ave.  
Honolulu 96822 OCMS



**Chinn, Florence J.** IM  
1390 Miller St.  
Honolulu 96813 548-8496  
Med. Col. of Penn. '53  
3124 Noelo Dr.  
Honolulu 96815 OCMS



**Chinn, Herbert Y.H.** U\*  
2228 Liliha St., #205  
Honolulu 96817 536-0139  
Boston U. '44  
Uno 595-3019  
3116 Aliko Ave.  
Honolulu 96817 OCMS



**Chinn, Kenneth** AN  
1380 Lusitana St., #709  
Honolulu 96813 533-3865  
Hahnemann Med. Col. '57  
Lilian 595-3622  
3039 Lapeka Pl.  
Honolulu 96817 OCMS



**Chinn, Patricia L.** GS  
2228 Liliha St., #205  
Honolulu 96817 536-0139  
U. of Hawaii '76  
3116 Aliko Ave.  
Honolulu 96817 OCMS - RES



**Cho, Jonathan K.** IM\*  
45-955 Kam Hwy., #205  
Koneohe 96744 247-2255  
U. of Hawaii '76  
Coro  
1556 Ulukaku Pl.  
Kailua 96734 OCMS



**Choan, Andre B.** PD\*  
1697 Alo Moano  
Honolulu 96815 949-5811  
Sorbonne, U. de Paris '55  
Myrtle 373-2570  
378 Anoloni St.  
Honolulu 96821 OCMS



**Chock, King Chee** GP  
1374 Nuuanu Ave.  
Honolulu 96817 533-4271  
Creighton U. '21  
Gertrude 595-4978  
15228 Alewa Dr.  
Honolulu 96817 OCMS



**Chock, Raymond Y.W.** N  
1507 S. King St., #305  
Honolulu 96826 946-1674  
Boston U. '61  
OCMS



**Chong, Gonzalo G.** NS  
888 S. King St.  
Honolulu 96813 523-2311  
San Marcos U. '64  
Patricia  
148 Nowiliwili St.  
Honolulu 96825 OCMS



**Chong, Ritt** OBG\*  
1300 Poli Hwy., #201  
Honolulu 96813 524-2461  
U. of Medical Sciences '67  
Milin 595-3303  
3119 Kaohinoni Dr.  
Honolulu 96817 OCMS

# **FULL SERVICE LESSOR**

PROFESSIONAL AND INDUSTRIAL EQUIPMENT  
AUTOS TOO!

TAILOR MADE LEASES  
FOR YOUR NEEDS BY

**Auto & Equipment Leasing Co.  
of Hawaii, Inc.**

**848-1411**

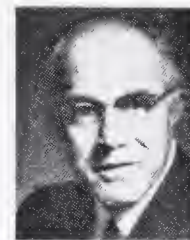




**Chow, Peter** AN  
1380 Lusitana St., #709  
Honolulu 96813 533-3865  
U. of Rangan '72  
Linda 944-8341  
581 Kamoku St., #2206  
Honolulu 96826 OCMS



**Chun, Kenneal Y.C.** OT0\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
U. of Colorado '70  
Lucille 377-5191  
5992 Haleala St.  
Honolulu 96821 OCMS



**Chung-Hoon, Edwin K.** D  
Washington U. '32 949-3170  
1717 Ala Wai Blvd., #1904  
Honolulu 96815 OCMS - RET



**Chrisman, Bruce B.** D\*, OA  
1319 Punahou St., #1070  
Honolulu 96826 944-8551  
U. of Louisville '70 373-3730  
1210 Laukahi St.  
Honolulu 96821 OCMS



**Chun, L.T.** PD\*  
30 Aulike St., #201  
Kailua 96734 262-6946  
Jefferson Med. Cal. '44  
Anneliese 261-6518  
259 Kaelepulu Dr.  
Kailua 96734 OCMS



**Claremont, Peter** R\*  
3420 Kuhia Hwy.  
Lihue 96766 245-4811  
U. of Sydney '56 332-8422  
Kaloheo 96741 KCMS



**Chu, Benjamin C.**  
U. of Hawaii '84  
708 Palani Ave., #403  
Honolulu 96816 OCMS - STU



**Chun, Patrick K.C.** CD\*, IM\*  
8ax 1399 Tripler AMC  
Honolulu 96859 433-5721  
U. of Washington '73  
Susan 395-1135  
7248 Kuaehu St.  
Honolulu 96825



**Clarkin, John P.** P, CHP, PD\*  
1188 Bishop St., #3001  
Honolulu 96813 536-2662  
U. of Philippines '56 946-6884  
469 Ena Rd., #711  
Honolulu 96815 OCMS



**Chu, Francis K.** PD  
Med. Col. of Wisconsin '42  
Emmaline 737-0394  
3648 Sierra Dr.  
Honolulu 96816 OCMS - RET



**Chun, Richard** FP  
1481 S. King St., #335  
Honolulu 96814 941-8557  
Layala U. '30  
Ruth 949-4295  
19448 Ualakaa St.  
Honolulu 96822 OCMS



**Clingan, Robert C.** D\*  
1380 Lusitana St., #412  
Honolulu 96813 521-6741  
U. of Mississippi '62 235-4045  
Nancy 46-447 Holopeki St.  
Kaneohe 96744 OCMS



**Chu, George J.** AI\*, IM\*  
839 S. Beretania St.  
Honolulu 96813 531-6471  
Tulane U. '71 523-3962  
1310 Heulu St., #1202  
Honolulu 96822



**Chun, Theodore K.J.** P  
615 Piikoi St., #1404  
Honolulu 96814 533-3977  
U. of Munich '61  
Christl OCMS



**Cloward, Ralph B.** NS\*  
1111 Bishop St., #510  
Honolulu 96813 536-2371  
Rush Med. Cal. '34 734-8430  
Florence 3787 Diamond Head Rd.  
Honolulu 96816 OCMS



**Chuang, Katok A.** PD\*, PDC  
3105 Akahi St.  
Lihue 96766 245-3341  
U. of Santa Tomas '57 245-3414  
Joyce 2710 Nakekula Cr.  
Lihue 96766 KCMS



**Chun-Hoon, Albert C.K.** ORS\*  
2228 Liliha St., #101  
Honolulu 96817 536-2261  
Yale U. '57 521-8841  
Myrna 1221 Victoria St., #801  
Honolulu 96814 OCMS



**Cockett, Patrick M.** FP\*  
P.O. Box 800  
Kapaa 96456 822-3431  
U. of Washington '39 245-6511  
P.O. Box 846  
Lihue 96766 KCMS - RET



**Chun, Gerin T.S.**  
1356 Lusitana St., 6th Fl.  
Honolulu 96813  
U. of Hawaii '81 OCMS - RES



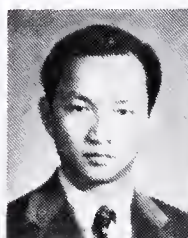
**Chung, Mark**  
55 S. Kukui St., #1208  
Honolulu 96813  
U. of Hawaii '81 OCMS - RES



**Cody, William J.T.** P\*  
1697 Ala Maana  
Honolulu 96815 944-6348  
Tufts U. '51 595-6267  
Eleanor 36A Mamalahoa Pl.  
Honolulu 96817



**Chun, Hing Hua** IM\*, CD  
1374 Nuuanu Ave.  
Honolulu 96817 533-4271  
Northwestern U. '56 423-1432  
Cannie 1429 Uila St.  
Honolulu 96818 OCMS



**Chung, Stanley M.K.** ORS\*  
1319 Punahou St., #910  
Honolulu 96826 949-3677  
Yale U. '60 737-4893  
Priscilla 1059 Iiwi St.  
Honolulu 96816 OCMS



**Cogan, John J.** CD\*, IM\*  
1380 Lusitana St., #810  
Honolulu 96813 523-3900  
U. of Illinois '73 734-4261  
Deborah 2216 Aha-Niu Pl.  
Honolulu 96821 OCMS



A whole new concept in trust services.

# Hawaiian Trust Company's Financial Services Group



JOHN J. FULLER II, Vice President



LINDA L. MACKEY



SYDNEY P. HELBUSH



JANET N. BONESTROO

For the high income earner, we offer professional coordination of your individual financial planning requirements.

The coordination of the efforts of accountants, attorneys, and financial planners working on your behalf can take up an inordinate amount of your valuable time. The complexities of each separate discipline alone are staggering, and though these professionals have your best interest at heart, they cannot effectively perform for you in the absence of a coordinated program, custom designed to fit your particular requirements.

Now, for the first time, through Hawaiian Trust Company's new Financial Services Group, individual plans established by your personal accountant, attorney, and financial planner can be properly coordinated and effectively carried out by professional trust managers. For you, this means hassle-free financial management, perhaps the first you've ever known. Certainly this is a whole new concept in trust services. And you work with just one trust officer, who will coordinate all of the work while providing total plan flexibility and implementation suited to your particular needs.

If you would like more information about Hawaiian Trust Company's new Financial Services Group and how it can work for you, please give us a call at 525-8581.

Hawaiian Trust Company, Limited, is Hawaii's oldest and largest independent trust company, serving the investment, management, custodial, and real estate needs of Hawaii since 1898.



**Hawaiian Trust Company, Limited**  
Financial Plaza of the Pacific





**Cohen, Herbert I.** PUD\*, IM\*  
1700 Lanakila Ave.  
Hanalei 96817 847-6542  
Stonford U. '55 941-1129  
2333 Kapiolani Blvd., #901  
Hanalei 96826 OCMS



**Coleman, Bernice E.** P\*  
3624 Waakanaka St.  
Hanalei 96817 595-6371  
Howard U. '68 732-2008  
4182-1 Keanu St.  
Hanalei 96816 OCMS



**Condit, Paul T.** ON  
1380 Lusitana St., #708  
Hanalei 96813 524-2997  
Johns Hopkins U. '50  
Sara 261-3143  
1545 Makulua Dr.  
Kailua 96734 OCMS



**Cooper, John W.** ORS  
Washington U. '31  
Eleanor 595-3440  
3551 Nuuanu Pali Dr.  
Hanalei 96817 OCMS - RET



**Cooper, Maxwell A.** PS\*, GS\*  
1380 Lusitana St., #702  
Hanalei 96813 524-1551  
U. of Oregon '70  
Ardie 247-6923  
46-116 Nahiku St.  
Kaneohe 96744 OCMS



**Copi, Margaret R.**  
U. of Hawaii '85 735-7043  
12348 13th Ave.  
Honolulu 96816 OCMS - STU



**Corboy, John M.** OPH\*, AM  
606 Kilani Ave.  
Wahiawa 96786 621-8448  
U. of Illinois '63  
Mary Jo 521-1164  
2049 Mauna Pl.  
Hanalei 96822 OCMS



**Corboy, Philip M.** OPH\*  
Loyola U. '32  
Clarice 536-5105  
2148 Mauna Pl.  
Honolulu 96822 OCMS - RET



**Couch, Rex D.** PTH\*, CLP\*  
3420 Kuhio Hwy.  
Lihue 96766 245-4811  
Indiana U. '56  
Patricia 332-9253  
Box 610  
Kalaheo 96741 KCMS



**Crane, Timothy B.** OPH\*  
3420 Kuhio Hwy.  
Lihue 96766 245-4781  
U. of Nebraska '77  
Janie 245-6666  
P.O. Box 3189  
Lihue 96766 KCMS



**Crawford, Gary W.** IM  
U. of Hawaii '81 521-3629  
1524 Emerson St.  
Hanalei 96813 OCMS - RES



**Crowley, Dennis M.** PM\*, PD\*  
226 N. Kuakini St.  
Honolulu 96817 531-3511  
Creighton U. '68  
Fumika 732-7812  
3907 Nihi Pl.  
Hanalei 96816 OCMS



**Culpepper, S. Clinton** FP  
U. of Pennsylvania '22 373-0957  
331 Awini Way  
Honalei 96821 OCMS - RET



**Curphey, Edwin R.** D\*  
1697 Ala Moana  
Hanalei 96815 949-5811  
U. of Ottawa '54 947-9407  
1777 Ala Moana, #1618  
Honalei 96815 OCMS



**Dacanay, Sam**  
U. of Hawaii '84  
99-365 Kulawea Pl.  
Aieo 96701 OCMS - STU



**Dang, Collin R.** TS\*, GS\*  
1380 Lusitana St., #912  
Hanalei 96813 524-5980  
Georgetown U. '69  
Mary 524-7356  
2048 Mauna Pl.  
Honalei 96822 OCMS



**Dang, Michael H.** CDS\*, TS\*  
550 S. Beretonia St.  
Hanalei 96813 537-2211  
U. of Colorado '68  
Joan 377-5011  
4815 Koimaku Way  
Hanalei 96821 OCMS



**Dang, Richard W.M.** D\*  
1441 Kapiolani Blvd., #607  
Honolulu 96814 946-1077  
Northwestern U. '57  
Norma 734-2415  
5083 Maunaloa Dr.  
Hanalei 96816 OCMS



**Dang, Vincent P.** FP, EM  
2230 Liliha St.  
Hanalei 96817 547-6387  
U. of Hawaii '75  
Betty Jo 737-0813  
3131 Makihano St.  
Honolulu 96816 OCMS



**Dang, William W.L.** GS  
181 S. Kukui St., R302  
Honalei 96813 533-2272  
Creighton U. '52  
Nellie 595-3031  
29 Old Pali Rd.  
Hanalei 96817 OCMS



**Davenport, Kent** ORS\*  
550 S. Beretonia St.  
Hanalei 96813 537-2211  
U. of Calif.-S.F. '71 737-4593  
4340 Aukai Ave.  
Hanalei 96816 OCMS



**Davies, Harri L.** FP\*  
228A Kuulei Rd.  
Kailua 96734 261-1745  
Lama Linda U. '35  
Jeanne 254-3388  
44-308-2 Olina St.  
Kaneohe 96744 OCMS



**Davis, William G.** U\*  
1520 Liliha St., #406  
Honolulu 96817 526-2808  
U. of Colorado '54  
Rosalie 737-9066  
4620 Sierra Dr.  
Honolulu 96816 OCMS



**Dawson, John M.** IM\*, GPM  
P.O. Box 248  
Kamuela 96743 885-7921  
U. of British Columbia '70  
Beverly 885-4311  
P.O. Box 627  
Kamuela 96743 HCMS





**Day, Dahlis M.** GP  
988-7655  
U. of Hawaii '80  
1617 Keeoumoku St.  
Honolulu 96822 OCMS



**Dee, Peter J.** IM, P  
U. of the East '75  
1707 Anopuni St., #7  
Honolulu 96822 OCMS - RES



**DeGinder, Kelvin** FP\*, AM  
1342 Kiloueo Ave.  
Hilo 96720 961-4796  
U. of Texas '73  
Joonne 935-8014  
32 Kuikohi St.  
Hilo 96720 HCMS



**deHay, Raymond M.** IM\*, GE  
407 Uluniu St.  
Kailua 96734 262-6961  
U. of Calif.-S.F. '45  
Betty 254-2098  
311 Iliwahi Pl.  
Kailua 96734 OCMS



**DeJournett, Richard L.** DR\*  
1380 Lusitana St.  
Honolulu 96813 547-4781  
U. of Southern Calif. '72  
Bonnie 947-6873  
1804 Alawea St.  
Honolulu 96821 OCMS



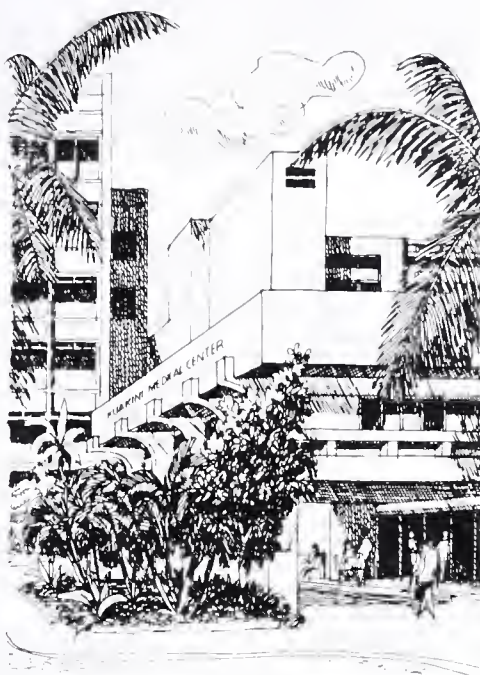
**DeLeon, Jose** IM  
98-1247 Koohumonu St.  
Aiea 96701 487-7077  
U. of the East '72  
Cornelio 847-3171  
1808 Lonokilo Ave.  
Honolulu 96817 OCMS



**DeMare, Paul A.** R\*  
1301 Punchbowl St.  
Honolulu 96813 538-9011  
State U. of N.Y. '67  
Margaret 261-0521  
1409 Auouki St.  
Kailua 96734 OCMS



**Depp, Donald S.** OPH\*  
305 Royal Howoition Ave., #307  
Honolulu 96815 926-2229  
U. of Oregon '39  
Molio 395-0826  
365 Keolohou St.  
Honolulu 96825 OCMS



## Serving the people of Hawaii since 1900

Kuakini is a private, non profit eleemosynary health care institution with 250 acute beds, ambulatory care/ emergency room, skilled nursing facility, intermediate care facility, residential care home, adult day care center and a kidney dialysis center.



### KUAKINI MEDICAL CENTER

**347 North Kuakini Street - Honolulu, Hawaii 96817**

# ON-LINE MEDICAL

Using **HEWLETT-PACKARD** Systems

Are you tired or frustrated with operating on a batch-oriented billing system? Is your information one month old (or more)?

#### Upgrade now to in-house, on-line terminals!

- Input and correct data immediately
- Generate interim statements
- Computerized Appointment Scheduling
- Multiple Fee Schedules
- Multiple Service Locations
- Handle Patients in Hospitals
- Send Individualized Patient Messages
- Inquire on-line, on demand, for: Account Information — Insurance Claims Outstanding — Chart Activity — Account Credit Information, e.g., last payment, account ageing, "in collection," etc.

**And Much More . . . CALL NOW FOR A DEMONSTRATION**



**INFODATA**  
**COMPUTER SYSTEMS, INC.**

Kawaiahao Plaza, Suite 290, 567 S. King St., Honolulu, HI 96813

**526-1333**





**Dericks, Gerard H.** ORS\*  
1380 Lusitana St., #904  
Honolulu 96813 536-4992  
Columbia U. '73  
Diane 377-5511  
OCMS



**Dioso, Marconi M.** IM\*, ON  
99 S. Market St.  
Wailuku 96793 242-6622  
Manila Central U. '55  
Sandra 877-4358  
350 S. Lehua St.  
Kahului 96732 MCMS



**Drouilhet, John H.** OPH\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Texas '73  
Dr. Sada Okumura  
OCMS



**DeSilva, Nihal** O8G  
98-1010 Haukapila Rd.  
Aiea 96701 488-8431  
U. of Osaka '71  
Eiko 488-8753  
99-871 Ohapuea Pl.  
Aiea 96701 OCMS



**Dizon, Victor S.** FP  
45-602 Kam Hwy.  
Kaneohe 96744 247-0486  
U. of Louisville '56  
Larita 988-7183  
3255 Alani Dr.  
Honolulu 96822 OCMS



**Druecker, Clifford T.** FP  
550 S. Beretania St.  
Honolulu 96813 537-2211  
Marquette U. '47  
Lucille 373-1343  
5555 Haleala St.  
Honolulu 96821 OCMS



**Des Jarlais, David C.** P\*, IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Wisconsin '73  
Christine  
838 Wanaao Rd.  
Kailua 96734 OCMS



**Doane, Cathleen** O8G  
1319 Punahou St., O8G  
Honolulu 96826  
U. of Vermont '80  
OCMS - RES



**Dung, Michael D.**  
U. of Hawaii '84  
45-749 Hilinai St.  
Kaneohe 96744 OCMS - STU



**Devereux, Ellis F.** PYA\*, P  
2003 Kalia Rd., #16K  
Honolulu 96815 949-3580  
Johns Hopkins U. '43  
949-3580  
2003 Kalia Rd., #16K  
Honolulu 96815



**Don, Andrew** OTO\*  
53 Puunene Ave.  
Kahului 96732 877-0737  
Tulane U. '66  
Edith 572-1107  
21 Alakele Pl.  
Pukalani 96788 MCMS



**Dunn, Philip H.** EM  
888 S. King St.  
Honolulu 96813 523-2311  
New York Med. Col. '72  
Karin 735-1059  
1482 Alencastre St.  
Honolulu 96816 OCMS



**Diamond, Peter E.** ORS\*  
2180 Main St.  
Wailuku 96793 242-6464  
U. of Cincinnati '73  
242-6181  
307 Laulaa Resort  
Maolaea 96753 MCMS



**Doo, Gene W.** OTO\*  
1380 Lusitana St., #1007  
Honolulu 96813 531-7283  
Jefferson Med. Col. '65  
Cecilia 538-1690  
2393 Aina Lani Way  
Honolulu 96822 OCMS



**Durden, W. Dawson Jr.** IM\*, GE\*  
1380 Lusitana St., #801  
Honolulu 96813 523-1658  
Emory U. '57  
8orbara 247-6828  
46-411 Hulupala Pl.  
Koneahe 96744



**Dierdorff, Edwin P.** OTO\*  
314 Uluniu St.  
Kailua 96734 261-1758  
U. of Colorado '62  
Audrey  
Maunawili  
Kailua 96734 OCMS



**Doolittle, Stewart E.** IM\*  
U. of Michigan '23  
2731 Oahu Ave.  
Honolulu 96822 OCMS - RET



**Durocher, John J.** P  
4954 Kilauea Ave., #3  
Honolulu 96816 524-2575  
New Jersey Med. Sch. '75  
Jean L. Nyland, Ph.D.  
4954 Kilauea Ave., #3  
Honolulu 96816 OCMS



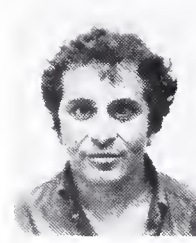
**DiMauro, Robert M.** R\*  
1319 Punahou St., Rad.  
Honolulu 96826 947-8585  
Harvard Med. Sch. '62  
Anita 947-5744  
2014 Ualakaa St.  
Honolulu 96822 OCMS



**Dow, James A.** U\*  
1520 Liliha St., #404  
Honolulu 96817 533-3233  
Kyang-Paak Nat'l. U. '53  
Carol 373-3342  
1891 Loukahi St.  
Honolulu 96821 OCMS



**Dusendschon, Raymond C.** OM\*  
P.O. Box 2200  
Honolulu 96841 546-2588  
U. of Southern Calif. '44  
Ruth 734-8720  
4938 Mana Pl.  
Honolulu 96816 OCMS



**Dimitrion, Michael J.** IM  
99-128 Aiea Hts. Dr., #603  
Aiea 96701 488-7770  
Far Eastern U. '73  
262-0047  
1273 Puualoho St.  
Kailua 96734 OCMS















**Doyle, James R.** ORS\*  
1380 Lusitana St., #608  
Honolulu 96813 536-2261  
U. of Calif.-S.F. '58  
Kaye 595-7426  
3939 Nuuanu Poli Dr.  
Honolulu 96817 OCMS



**Ebesugawa, Ian S.**  
U. of Hawaii '85  
1707 Keeaumaku St., #18  
Honolulu 96822 OCMS - STU



	<b>Ebisu, Roy J.</b> IM* 99-128 Aieo Hts. Dr., #603 Aieo 96701 488-7770 U. of Howoii '78 Normo 538-1849 1571 Piikoi St., #601 Honolulu 96822 OCMS		<b>Eith, David T.</b> IM, OM 1523 Kolakoua Ave., #101 Honolulu 96826 949-6191 Tulone U. '62 Mory 737-6414 629 Ulili St. Honolulu 96816 OCMS		<b>Emrick, Robert J.</b> PTH 3420 Kuhio Hwy. Lihue 96766 245-4811 Ohio Stote U. '57 332-8464 8ox 467 Kalohea 96741 KCMS
	<b>Edwards, Gary A.</b> OPH* 848 S. Beretonia St., #307 Honolulu 96813 526-0030 Jeffersan Med. Col. '69 OCMS		<b>Eliashof, Byron A.</b> P*, CHP 1441 Kapiolani Blvd., #907 Honolulu 96814 949-6418 Al Einstein Col. of Med. '61 Pomela 737-5726 4914 Kolohala St. Honolulu 96814 OCMS		<b>Emura, Edward T.</b> D* 1010 S. King St., #209 Honolulu 96814 536-4068 Washington U. '50 Jeon 737-2654 738 Onaha St. Honolulu 96816 OCMS
	<b>Edwards, John W. Jr.</b> U* 1319 Punahou St., #1160 Honolulu 96826 941-2288 Howord U. '60 Ella 393-1775 139 Mokoweli St. Honolulu 96825 OCMS		<b>Elizaga, Fortunato V.</b> IM*, HEM 2228 Liliho St., #104 Honolulu 96817 523-9370 U. of the East '67 Nieva 595-7724 1069 Ilima Dr. Honolulu 96817 OCMS		<b>Emura, Steven T.</b> 086 1380 Lusitana St., #404 Honolulu 96813 537-4911 U. of Howoii '78 Lauro 737-2654 738 Onaha St. Honolulu 96816 OCMS
	<b>Edwards, Nancy L.</b> D* 848 S. Beretonia St., #307 Honolulu 96813 523-6911 Jefferson Med. Col. '71 Punahou Regency Honolulu OCMS		<b>Elpern, David J.</b> D* 34208 Kuhio Hwy. Lihue 96766 245-4811 New York U. '70 Mortho 332-9917 8ox 1000 Koloo 96756 KCMS		<b>Enloe, Garold</b> AN Kona Hospital Keolakekua 96750 322-9311 Washington Col. '63 Potricio 329-6192 P.O. Box 838 Keolakekua 96750 WHMS



**JOHNSON AND ASSOCIATES**  
700 Bishop Street, Suite 1900  
(808) 521-8711

## The most advanced Orthopedic Physical Therapy in Hawaii

Individually designed programs, supervised and monitored by CHART's professional staff. Patients participate in active rehabilitation using Sports Medicine techniques to restore maximum function and strength. Now in the fourth year of operation, patients use CHART's exclusive in-house exercise equipment and facilities.

Approved for Workers' Compensation, No-Fault Auto, and most private insurance plans.

Rowlin L. Lichter, M.D. *Medical Director*



# CHART™

Comprehensive Health and  
Rehabilitation Training

Telephone 523-1674

1314 South King Street Suite 750  
Honolulu Hawaii 96814

94-223 Leoku Street  
Waipahu Hawaii





**Erbach, Thomas S.** OTO\*  
 2180 Main St.  
 Wailuku 96793 242-6464  
 U. of Michigan '74  
 Kimberly 572-7866  
 204 Pukalani St.  
 Pukalani 96788 MCMS



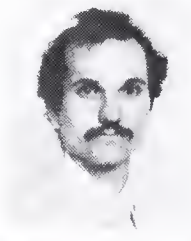
**Erlendson, Lee W.**  
 Vanderbilt U. '80  
 2731A Loniloa Dr.  
 Honolulu 96813 OCMS - RES



**Esaki, Paul T.** FP\*  
 P.O. Box 560  
 Kopaa 96746 822-9886  
 U. of Hawaii '76  
 Charlene Hanzawa 245-8450  
 Honomoulu  
 Kopaa 96746 KCMS



**Estep, Michael D.** IM  
 1356 Lusitono St., UHMRP  
 Honolulu 96813  
 U. of Calif.-Davis '80  
 OCMS - RES



**Evans, David G.** EM  
 888 S. King St.  
 Honolulu 96813 523-2311  
 U. of Texas-Southwestern '71  
 Amando  
 1490 Akeke Pl.  
 Koilua 96734 OCMS



**Ewing, George M.** A\*, PO\*  
 888 S. King St.  
 Honolulu 96813 523-2311  
 Washington U. '46  
 Juanita 737-4746  
 682 Elepaio St.  
 Honolulu 96816 OCMS



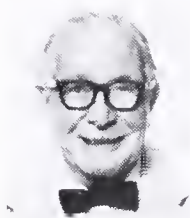
**Exton, Eileen** FP\*  
 910 Wainee St.  
 Lahaina 96761 661-0081  
 U. of Pittsburgh '75  
 669-5279  
 4365 Honopiilani Hwy., #319  
 Lahaina 96761 MCMS



**Farrell, Donald L.** FP\*  
 1697 Alo Moono  
 Honolulu 96815 944-6178  
 Albany Med. Col. '57  
 Morlies 235-3115  
 46-378 Holokoo St.  
 Koneohe 96744 OCMS



**Faulkner, Gerald D.** OPH\*  
 1380 Lusitono St., #714  
 Honolulu 96813 538-3677  
 Med. Col. of Alabama '56  
 Poulo 923-4390  
 2998 Makalei Pl.  
 Honolulu 96815 OCMS



**Faus, Robert B.** IM\*  
 Rush Med. Col. '22  
 4527 Aukoi Ave.  
 Honolulu 96816 OCMS - RET



**Fell, Egbert H.** GS\*  
 U. of Chicago '31  
 324-1192  
 77-6491 Kilohana St.  
 Koilua-Kona 96740 HCMS - RET



**Fergusson, David J.G.** CO  
 888 S. King St.  
 Honolulu 96813 523-2311  
 U. of Capetown '56  
 OCMS



**Fernandez, Leabert R.** PS\*  
 600 Kopiolani Blvd., #409  
 Honolulu 96813 524-3711  
 Washington U. '40  
 Florence  
 2333 Kopiolani Blvd., #3511  
 Honolulu 96814 OCMS



**Ferren, Frank A. Jr.** GS\*  
 75-5759 Kuokini Hwy., #201  
 Koilua-Kona 96740 329-7086  
 U. of Miami '66  
 Annie 328-2232  
 80x P  
 Keolokekua 96750 WHMS



**Ferris, Eugene B. III** COS\*, GS\*  
 888 S. King St.  
 Honolulu 96813 523-2311  
 U. of N. Carolina '69  
 Anne 737-0321  
 1487 Hiikolo Pl., #13  
 Honolulu 96816 OCMS



**Firek, Anthony F.**  
 U. of Hawaii '83  
 941-2604  
 1310 Punohou St.  
 Honolulu 96826 OCMS - STU



**Fitz-Patrick, David** ENO, IM\*  
 888 S. King St.  
 Honolulu 96813 523-2311  
 U. of Newcastle '74  
 Elizabeth  
 631 Poipu Dr.  
 Honolulu 96825 OCMS



**Flair, Robert C.** PTH\*  
 888 S. King St.  
 Honolulu 96813 523-2311  
 Louisiano Stote U. '62  
 Simone  
 1362 Kukono Pl.  
 Koilua 96734 OCMS



**Fleming, James F.** FP\*  
 P.O. Box 95  
 Kohului 96732 244-7055  
 Stanford U. '34  
 Elizabeth 244-7055  
 MCMS



**Florine, Charlotte M.** P\*  
 735 Bishop St., #309  
 Honolulu 96813 531-0841  
 U. of Iowa '43  
 531-0841  
 3330 Pacific Hts. Rd.  
 Honolulu 96813 OCMS - RET



**Flowers, Robert S.** PS\*  
 677 Alo Moono, #1011  
 Honolulu 96813 521-6581  
 Med. Col. of Alabama '60  
 396-6004  
 219 Poiko Dr.  
 Honolulu 96821 OCMS



**Fong, Bernard W.D.** IM\*, CO  
 1380 Lusitono St., #706  
 Honolulu 96813 538-1168  
 Jefferson Med. Col. '52  
 Roberto 595-3686  
 97 Dowsett Ave.  
 Honolulu 96817 OCMS



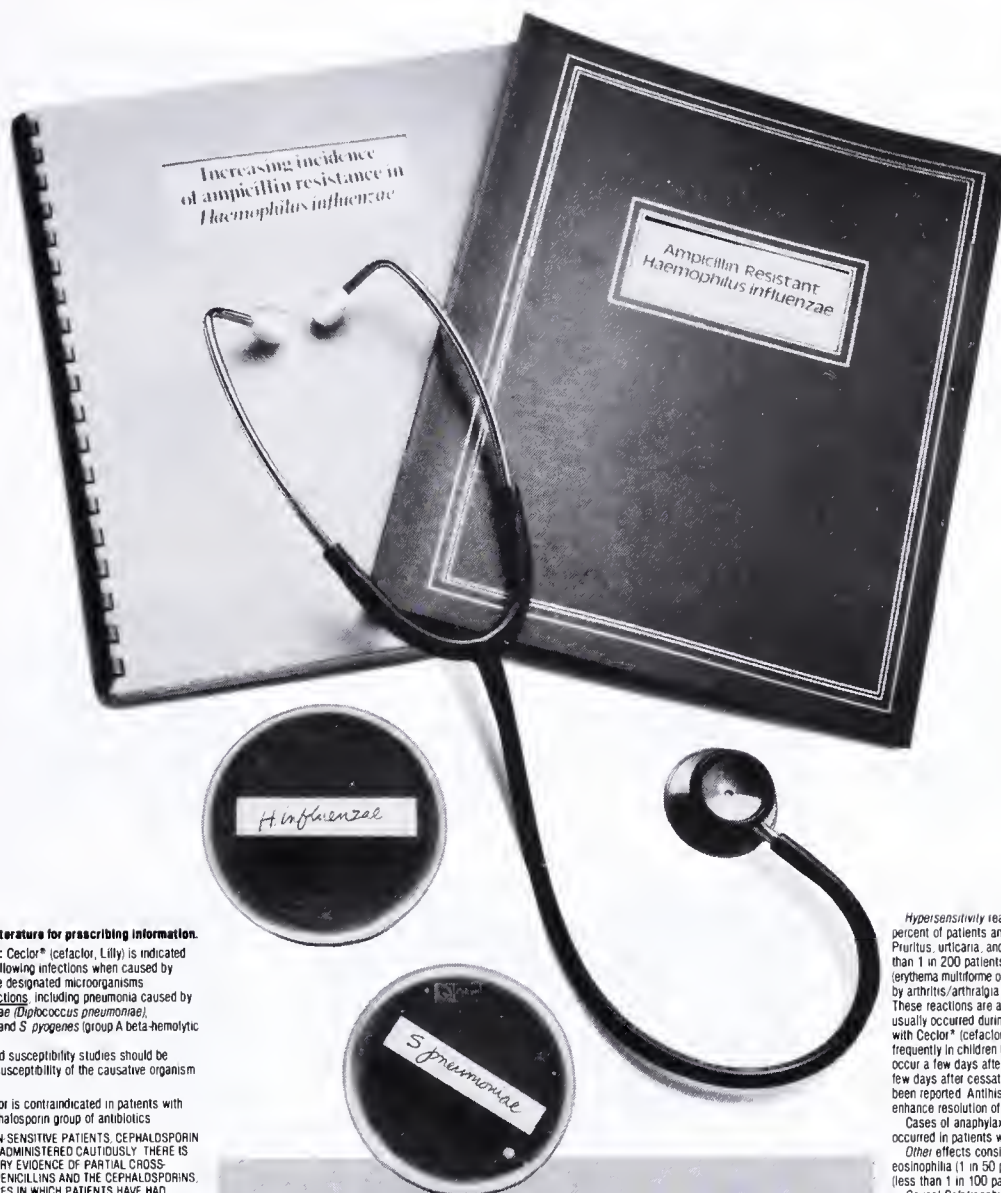
**Fong, Henry H.C.** IM\*  
 2228 Liliho St., #300  
 Honolulu 96817 533-6115  
 U. of Oregon '57  
 Caroline 595-3573  
 1915 Alewo Dr.  
 Honolulu 96817 OCMS



**Fong, Lucy M.H.**  
 U. of Hawaii '84  
 15C Country Club Rd.  
 Honolulu 96817 OCMS - STU



# An added complication... in the treatment of bacterial bronchitis\*



## Brief Summary

Consult the package literature for prescribing information.

**Indications and Usage:** Cefclor\* (cefclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

**Lower respiratory infections:** including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefclor.

**Contraindication:** Cefclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Precautions:** If an allergic reaction to cefclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistest\* tablets but not with Tes-Tape\* (Glucose Enzymatic Test Strip, USP, Lilly).

**Usage in Pregnancy:** Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

**Usage in Infancy:** Safety of this product for use in infants less than one month of age has not been established.

**Adverse Reactions:** Adverse effects considered related to cefclor therapy are uncommon and are listed below.

**Gastrointestinal symptoms** occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

As with other broad spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Cefclor.

## Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Cefclor.<sup>1-6</sup>

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cefclor.<sup>7</sup>

# Cefclor®

## cefclor

Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthritis and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefclor\* (cefclor). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain**—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic**—Slight elevations in SGOT, SGPT or alkaline phosphatase values (1 in 40).

**Hematopoietic**—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal**—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

Note: Cefclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

## References

1. Antimicrob Agents Chemother. 6:91, 1975.
2. Antimicrob Agents Chemother. 11:470, 1977.
3. Antimicrob Agents Chemother. 13:584, 1978.
4. Antimicrob Agents Chemother. 12:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), 11:880. Washington, D.C. American Society for Microbiology, 1978.
6. Antimicrob Agents Chemother. 13:851, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases edited by G.L. Mandell, R.G. Douglas, Jr. and J.E. Bennett, p. 487. New York: John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc., Carolina, Puerto Rico 00630.

200066



**Fowler, David M.**

1356 Lusitana St., #706  
 Hanalulu 96813  
 Cambridge U. '78

OCMS - RES

**Freuan, William**

GP

98-211 Pali Mami St., #710  
 Aiea 96701 487-0052  
 U. of Hawaii '77  
 Patricia 623-4874  
 95-125 Kawau St.  
 Mililani 96789 OCMS

**Fujitani, Roy M.**

U. of Hawaii '83

955-7606

2131 S. Beretania St., #303  
 Hanalulu 96826 OCMS-STU

**Frankel, Richard I.**

IM\*, ID\*

1380 Lusitana St., #912  
 Hanalulu 96813 524-5980  
 Yale U. '65  
 Emily 734-7339

**Fryer, Gladys C.**

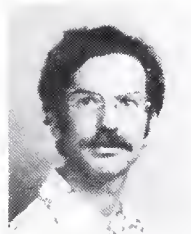
IM, GER

2228 Liliha St., #400  
 Hanalulu 96817 523-5107  
 U. of Melbourne '56  
 Dr. Donald 395-1521  
 25 Lumahai St.  
 Honolulu 96825 OCMS

**Fujiwara, Thomas F.**

IM

Tulane U. '37  
 Henrietta 988-2013  
 2649 Haupala St.  
 Honolulu 96822 OCMS - RET

**Freed, Avery M.**

R\*

888 S. King St.  
 Hanalulu 96813 523-2311  
 Washington U. '72 955-4284  
 1765 Ala Maana  
 Hanalulu 96815 OCMS

**Fu, Denis J.**

PD\*

2180 Main St.  
 Wailuku 96793 242-6464  
 Tulane U. '59  
 Gwendolyn 242-5578  
 1711 Kamamalu St.  
 Wailuku 96793 MCMS

**Fukino, R. Wayne**

U. of Hawaii '81

1317 Osaria Pl.  
 Hanalulu 96814 OCMS - RES

**Freeman, Gilbert C.**

GS\*

Columbia U. '39  
 Margaret  
 6114 Village 6  
 Camarilla, CA 93010 OCMS - RET

**Fujii, Kenneth K.**

GS

Creighton U. '36  
 Waipouli 96746 822-3075  
 KCMS - RET

**Fukumura, Takakazu**

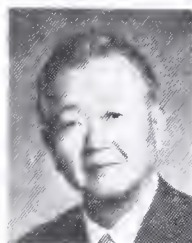
GS, GE

2525 S. King St., #309  
 Hanalulu 96826 949-6665  
 Keia Gijuku U. '53  
 Nancy 734-2618  
 512 Ahakea St.  
 Honolulu 96816 OCMS

**Friedewald, Vincent E.**

CD\*

550 S. Beretania St.  
 Hanalulu 96813 537-2211  
 Southwestern U. '66  
 Julie 395-7017  
 281A Partlack Rd.  
 Hanalulu 96825 OCMS

**Fujii, Takeo**

GP

1914 S. King St.  
 Hanalulu 96826 946-7159  
 Creighton U. '39  
 Tomae 949-8621  
 1832 Vancouver Dr.  
 Hanalulu 96822 OCMS

**Fukunaga, Francis H.**

PTH\*, CLP\*

347 N. Kuakini St.  
 Hanalulu 96817 547-9139  
 U. of Michigan '54  
 Alice  
 1813 Palipaa Pl.  
 Hanalulu 96821 OCMS

**Froese, Carol A.**

GP

98-1010 Haukapila Rd.  
 Aiea 96701 488-8431  
 U. of W. Ontario '79  
 Robert M.L. Johnson 671-1862  
 94-1044 Pae Pl.  
 Waipahu 96797 OCMS

**Fujikami, Raymond H.**

GS\*, CRS

1314 S. King St., 4th Fl.  
 Hanalulu 96814 531-8011  
 Northwestern U. '57  
 Diane 395-3583  
 OCMS

**Funaki, Clarence**

R\*

3420 Kuhio Hwy.  
 Lihue 96766 245-4811  
 U. of Colorado '65  
 Sharon 332-8835  
 R.R. 1, Box 569  
 Kolaa 96756 KCMS

**Frohlich, Julia**

PTH\*

2043 Dillingham Blvd.  
 Hanalulu 96819 845-9966  
 State U. of Iowa '65  
 Dr. James Cherry OCMS

**Fujimoto, Nathan H.**

U. of Calif.-Irvine '81

3260 Alani Dr.  
 Hanalulu 96822 OCMS - RES

**Furuiki, Alvin N.**

PUD\*, IM\*

321 N. Kuakini St., #310  
 Hanalulu 96817 531-8521  
 U. of Calif.-L.A. '74 538-7662  
 1044D Green St.  
 Hanalulu 96822 OCMS

**Froix, Cleo J.**

GS\*, ABS

1129 East Main St., #306  
 Wailuku 96793 244-7488  
 Howard U. '53  
 Evelyn 244-7489  
 1129 East Main St., Apt. 503  
 Wailuku 96793 MCMS

**Fujita, Sydney T.**

OBG\*

2055 N. King St.  
 Hanalulu 96819 841-4507  
 Temple U. '48  
 Helen 373-9185  
 5683 Kalaniana'ole Hwy.  
 Honolulu 96821 OCMS

**Furukawa, Edward F.**

P\*

1380 Lusitana St., #511  
 Hanalulu 96813 533-3713  
 Temple U. '52  
 Grace 988-3532  
 3604 Woodlawn Terroce Pl.  
 Honolulu 96822 OCMS





**Furusowo, Eiko**  
U. of Hawaii '84  
988-4421  
3211 Manoa Rd.  
Hanalulu 96822 OCMS - STU



**Goris, George B.** IM  
888 S. King St.  
Hanalulu 96813 523-2311  
U. of Virginia '45  
Marian 734-8748  
1221 Victoria St., #805  
Hanalulu 96814 OCMS



**Gee, Garwood** IM  
1356 Lusitana St.  
Hanalulu 96813  
U. of Calif.-S.D. '81  
OCMS - RES



**Ghosh, Monos** U\*  
32 Ululani St.  
Hila 96720 961-5569  
Med. Cal. Calcutta U. '64  
Betty Jean 935-6588  
245 Kuikahi St.  
Hila 96720 HCMS



**Gilbert, Darcel** FP\*  
130 Prison St.  
Lahaina 96761 661-0051  
Northwestern U. '75  
Robert 669-4776  
P.O. Box 10115  
Lahaina 96761 MCMS



**Gilbert, Fred I. Jr.** IM\*, NM  
888 S. King St.  
Hanalulu 96813 523-2311  
Stanford U. '46  
Gayle 536-8172  
2112 Matt-Smith Dr.  
Hanalulu 96822 OCMS



**Giles, Frederick B.** R\*, N  
1301 Punchbowl St.  
Hanalulu 96813 547-4711  
Indiana U. '65  
Diana 947-9095  
2309 Ferdinand Ave.  
Honolulu 96822 OCMS



**Gintling, William** OBG\*  
2180 Main St.  
Wailuku 96793 242-6464  
Ohio State U. '69  
Grace 878-6129  
123 Ka Dr.  
Kula 96790 MCMS



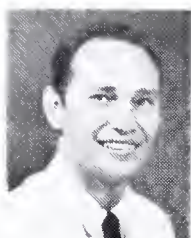
**Glomb, Romon W.** D\*  
888 S. King St.  
Hanalulu 96813 523-2311  
U. of Michigan '75  
Mary Ann 261-1698  
1341 Hepaki Pl.  
Kailua 96734 OCMS



**Glober, Gory A.** IM, GE  
1380 Lusitana St., #701  
Hanalulu 96813 536-1021  
U. of Calif.-L.A. '62  
Marian  
33 Kalaka Pl.  
Kailua 96734 OCMS



**Glover, Mary A.** FP\*, GPM  
766 N. King St.  
Hanalulu 96817 848-1438  
U. of Washington '50  
98-117 Kaluamoi Pl.  
Pearl City 96782 OCMS



**Goebert, H. William Jr.** NS\*, LM  
1697 Ala Maana  
Hanalulu 96815 949-5811  
Hahnemann Med. Cal. '57  
Ja Anne 254-1680  
684 Kaimalina St.  
Kailua 96734 OCMS



**Goh, Kim S.** D\*  
550 S. Beretania St.  
Hanalulu 96813 537-2211  
U. of Manitoba '72  
923-0583  
OCMS



**Golden, Arnold B.** P  
1110 University Ave., #511  
Hanalulu 96826 941-0710  
New York U. '63  
Ivy 373-9770  
OCMS



**Goldstein, Norman** D\*  
119 Merchant St., #504  
Hanalulu 96813 538-7044  
State U. of N.Y.-Dawson '59  
Ramsay  
OCMS



**Goodhue, William W.** GP, ABS\*  
St. Louis U. '42  
Rose 245-4978  
8ax 3269  
Lihue 96766 KCMS - RET



**Gordon, Lawrence H.** ORS\*  
1380 Lusitana St., #608  
Hanalulu 96813 536-2261  
Stanford U. '55  
Betty 955-6418  
1901 Judd Hillside  
Hanalulu 96822 OCMS



**Goshi, Keiichi** IM, A  
1010 S. King St., #215  
Hanalulu 96814 537-3725  
Kobe Med. Cal. '49  
Elaise 235-3369  
46-511 Haiku Plantation Dr.  
Kaneohe 96744 OCMS



**Goshimo, Cyril K.** IM  
U. of Hawaii '77  
732-3740  
1707 St. Louis Dr.  
Hanalulu 96816 OCMS-RES



**Goto, Cynthia J.**  
U. of Hawaii '83  
373-4839  
1023 Waiiki St.  
Hanalulu 96821 OCMS - STU



**Goto, George** OBG\*  
1010 S. King St., #212  
Hanalulu 96814 536-8602  
Washington U. '51  
Carolyn 373-4839  
1023 Waiiki St.  
Hanalulu 96821 OCMS



**Goto, Unoji** IM\*, CD  
550 S. Beretania St.  
Hanalulu 96813 537-2211  
U. of Cincinnati '48  
Florence 373-3100  
1540 Kamale St.  
Hanalulu 96821 OCMS



**Gromlich, Edwin P.** OBG\*  
P.O. Box V  
Kealahou 96750 922-5138  
U. of Oregon '57  
WHMS



**Gront, Kenneth E.** OBG\*  
P.O. Box V  
Kealahou 96750 322-3488  
St. Louis U. '64  
Barbara 323-3068  
P.O. Box 1430  
Kealahou 96750 WHMS





**Grebe, Werner H.** GS\*  
 98-1010 Haukapila Rd.  
 Aiea 96701 488-8431  
 Philipps U. '70 456-5096  
 98-1731C Kaahumanu St.  
 Aiea 96701



**Grote, Joseph A.** EM  
 888 S. King St.  
 Hanalulu 96813 523-2311  
 U. of Missouri '72  
 Jaan 737-4473  
 4710 Aukai Ave.  
 Hanalulu 96816 OCMS



**Haling, Kenneth A.** FP\*  
 31 Kam Ave.  
 Kahului 96732 877-5031  
 New York Med. Cal. '53  
 Lais 244-3485  
 301 Lunalila St.  
 Wailuku 96793 MCMS



**Greene, W. Wallace** GS\*  
 Stanford U. '33  
 Jean (707) 833-6787  
 8814 Oak Trail Dr.  
 Santa Rosa, CA 95405 KCMS - RET



**Guerrero, Reuben** ON\*, IM\*  
 888 S. King St.  
 Hanalulu 96813 523-2311  
 U. of Philippines '57  
 Dr. Celina 373-1215  
 1424 Ohialake St.  
 Hanalulu 96821 OCMS



**Hall, Thomas C.** IM\*, ON\*  
 1236 Lauhala St., #301  
 Hanalulu 96813 548-8421  
 Harvard Med. Sch. '49  
 Larina 261-6530  
 263 Kakahiaka St.  
 Kailua 96734 OCMS



**Greer, Gary W.** FP  
 Harvard Med. Sch. '79  
 Francine 293-1053  
 53-866D Kam Hwy.  
 Hauula 96717 OCMS



**Gulbrandsen, Christian** IM\*, HEM\*  
 1380 Lusitana St., #804  
 Hanalulu 96813 524-3020  
 U. of Wisconsin '63  
 Dorothy OCMS



**Halpern, Gilbert M.** GP, OM  
 1270 Queen Emma St., #306  
 Hanalulu 96813 538-7002  
 Jefferson Med. Cal. '34  
 3455 Kaahinani Dr.  
 Hanalulu 96817 OCMS



**Grekin, Jay L.** D\*  
 888 S. King St.  
 Hanalulu 96813 523-2311  
 Cornell U. '40  
 Nancy 946-2311  
 244 Mahimahi Pl.  
 Hanalulu 96821 OCMS



**Gulledege, William H.** ORS\*  
 U. of Michigan '40  
 920 Ward Ave.  
 Hanalulu 96814 OCMS - RET



**Hamblin, Robert J.** GS\*  
 3420 Kuhia Hwy.  
 Lihue 96766 245-4811  
 Boston U. '52  
 Lais 245-6235  
 Box 508  
 Lihue 96766 KCMS



**Griffith, Jody E.**  
 U. of Hawaii '85 737-5706  
 1529 Alencastre St.  
 Hanalulu 96816 OCMS - STU



**Gutteling, Edward**  
 U. of Hawaii '85  
 2714 Kahaalaha St., #608  
 Hanalulu 96826 OCMS - STU



**Hammar, Sherrel L.** PD\*, ADL  
 1319 Punahau St.  
 Hanalulu 96826 949-3579  
 U. of Washington '57  
 Shirley 955-4735  
 1760 S. Beretania St., PH 2D  
 Hanalulu 96826 OCMS



**Grimm, Terrence E.** PTH\*, CLP\*  
 98-1010 Haukapila Rd.  
 Aiea 96701 488-8431  
 U. of Hawaii '75  
 Carol 941-3461  
 500 University Ave., #728  
 Hanolulu 96826 OCMS



**Hagino, Ross Y.** PD\*  
 2080 S. King St.  
 Hanalulu 96826 941-7882  
 U. of Taranta '56  
 Itsuka 373-2070  
 1449 Ehupa St.  
 Hanalulu 96821 OCMS



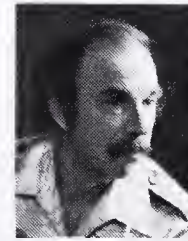
**Hammer, Suzanne M.** P  
 P.O. Box 310  
 Kailua 96734 595-7788  
 Michigan State U. '75  
 261-2522  
 410 Iana St.  
 Kailua 96734 OCMS



**Grininger, Lisa M.**  
 U. of Hawaii '85  
 1218 Kaeleku St.  
 Hanalulu 96825 OCMS - STU



**Haines, J. Glenn** U\*  
 Box 125  
 Kahului 96732 877-2160  
 Cornell U. '70  
 Betsy 879-4089  
 3200 S. Kihei Rd.  
 Kihei 96753 MCMS



**Hammon, William M.** NS\*  
 888 S. King St.  
 Hanalulu 96813 523-2311  
 U. of Rochester '55  
 Patricia 373-2255  
 96 Niuiki Cr.  
 Hanalulu 96821 OCMS



**Grollman, Thomas** ORS\*  
 3420 Kuhia Hwy.  
 Lihue 96766 245-4811  
 U. of Calif.-L.A. '66  
 Sachika 332-8529  
 P.O. Box 432  
 Lawoi 96765 KCMS



**Hale, Ralph W.** OBG\*  
 1319 Punahau St.  
 Hanalulu 96826 947-8573  
 U. of Illinois '60  
 Jane 946-7303  
 2289 Kamehameha Ave.  
 Hanalulu 96822 OCMS



**Haning, William F. III** FP, EM  
 U. of Hawaii '75  
 2146 Star Rd.  
 Hanalulu 96813 OCMS



# If You Need Medical Equipment, Bancorp Leasing Can Fill Your Prescription.

This is the Futuralix 90. It's an extremely advanced piece of X-ray equipment, and Straub Clinic has it, thanks to some help from Bancorp Leasing of Hawaii.

"Leasing enables us to take advantage of the newest technology without tying up a lot of capital," explains Phil Nelson, Assistant Administrator at Straub.

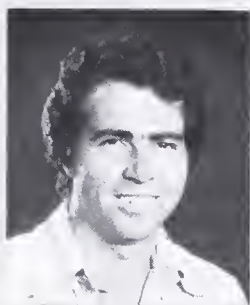
"We talked to a few different leasing companies, but frankly no one could come

close to the excellent lease Bancorp Leasing arranged for us."

Working with Mike Carr, our Director of Marketing, Phil explained Straub's requirements. Mike arranged a lease that suited Straub's needs perfectly.

If you're in the market for medical or other equipment, chances are we can help you lease just about anything you need, for a lot less than it would cost you to buy it.

Give us a call!



## **Bancorp Leasing of Hawaii**

**537-8811**

A subsidiary of Bancorp Hawaii, Inc. and an affiliate of Bank of Hawaii.







**Hanley, John F.** AN  
562-T Piihola Rd.  
Makawoo 96768 572-0232  
Ohio State U. '54  
Claire 572-0232  
562-T Piihola Rd.  
Mokowoo 96768 HCMS



**Hanlon, Marion L.** ADL, PD\*  
2180 Moin St.  
Wailuku 96793 242-6464  
Northwestern U. '48  
June 244-3583  
P.O. Box 578  
Wailuku 96793 MCMS



**Hansen, Janice**  
U. of Hawaii '85  
1201 Wilder Ave., #1502  
Honolulu 96814 OCMS - STU



**Haraguchi, Samuel M.** GP  
145 Kinoole St.  
Hilo 96720 935-8398  
Northwestern U. '40  
Irene 959-8444  
1222 W. Kowailoni St.  
Hilo 96720 HCMS



**Hardman, John M.** PTH  
1960 East-West Rd.  
Honolulu 96822 948-8860  
U. of Colorado '58  
Morgoret 946-5727  
1501 Alexander St., #1002  
Honolulu 96822 OCMS



**Harris, Blase B.** P  
1380 Lusitona St., #909  
Honolulu 96813 533-1711  
U. of Maryland '78  
735-2972  
OCMS



**Harris, Ellsworth B.** P\*  
1164 Bishop St., #903  
Honolulu 96813 536-7907  
U. of Pittsburgh '47  
Horriet  
2895 Kalokouo Ave.  
Honolulu 96815 OCMS



**Harrison, James G. Jr.** P  
3780 Konaina Ave.  
Honolulu 96815 926-3797  
Duke U. '48  
Dorothy 923-5024  
3234 Noelo Dr.  
Honolulu 96815 OCMS



**Harrison, Robert J.** AI\*, FP\*  
130 Prison St.  
Lahaina 96761 661-0051  
U. of Texas-Southwestern '55  
Cherry 661-8032  
87 Holelo St.  
Lahaina 96761 MCMS



**Hartman, William A.** GE\*, IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Virginia '71  
Sharolyn 373-1075  
1521 Ihiloo Lp.  
Honolulu 96821 OCMS



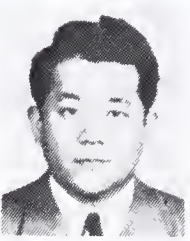
**Hartwell, Alfred S.** IM\*, CD\*  
Harvard Med. Sch. '38  
373-0894  
204 Poiko Dr.  
Honolulu 96821 OCMS - RET



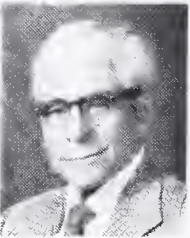
**Harvey, Robert S.** ORS\*  
101 Hualoloi St.  
Hilo 96720 961-2600  
U. of Southern Calif. '68  
HCMS



**Hase, Michael F.** FP\*  
4747 Kilaeo Ave., #101  
Honolulu 96816 734-0288  
U. of Florida '64  
Joann  
OCMS



**Hata, Herbert T.** OTO  
1415 Kalakouo Ave., #212  
Honolulu 96826 949-1515  
Loma Lindo U. '41  
Mary 988-2044  
3229 Oahu Ave.  
Honolulu 96822 OCMS



**Hathaway, Joseph C.** D\*  
1380 Lusitona St., #401  
Honolulu 96813 536-3661  
U. of Minnesota '25  
Phyllis 735-4431  
4999 Kaholo Ave., #441  
Honolulu 96816 OCMS - RET



**Haven, Sylvia S.** FP, ID  
Hahnemann Med. Col. '49  
1900 Bochetot St.  
Honolulu 96817 OCMS - RET



**Hawk, Alan B.** P\*  
888 S. King St.  
Honolulu 96813 523-2311  
Harvard Med. Sch. '68  
Sondra  
OCMS



**Hayashi, Chisato** FP  
Rush Med. Col. '34  
323-3664  
P.O. Box 638  
Kealahou 96750 HCMS - RET



**Hayashida, Michihiko** OPH\*  
1697 Alo Moana  
Honolulu 96815 949-5811  
Boston U. '53  
Bernice 538-1589  
2360 Mokiki Heights Dr.  
Honolulu 96822 OCMS



**Haywood, Guy S.** IM  
Northwestern U. '40  
877-0202  
247 Koohumanu St.  
Kohului 96732 MCMS - RET



**Hedgcock, Grace**  
Women's Med. Col. of Po. '45  
(219) 483-9274  
2209 St. Joe Ctr. Rd.  
Fort Wayne, IN 46825 OCMS - RET



**Hefley, Martha Lou** EM  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Tennessee '35  
D.C. McGroth 922-7117  
2969 Kolokouo Ave., #705  
Honolulu 96815 OCMS



**Heintz, Perry G.M.** P  
1356 Lusitona St., PSY  
Honolulu 96813  
U. of Washington '78  
OCMS - RES



**Hellreich, Philip D.** D\*  
21 Oneowo St.  
Kailua 96734 261-6133  
State U. of N.Y. '66  
Miriam 261-9120  
225 Kuuhoo Pl.  
Kailua 96734 OCMS





**Helms, Ed B.** GP  
1292 Waiianuenue Ave.  
Hila 96720 961-6631  
Tulane U. '48  
Shirley 935-1919  
1526 Waiianuenue Ave.  
Hila 96720 HCMS



**Hennessey, Joseph P. Jr.** FP, EM  
P.O. Box 698  
Pahala 96777 242-4721  
Med. Cal. of Virginia '69  
Mary Ellen 575-2988  
P.O. Box 194  
Wailuku 96793 HCMS



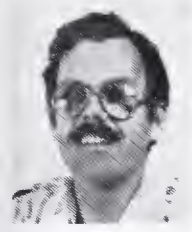
**Henry, George W.** R\*  
1441 Kapialani Blvd., #503  
Hanalei 96814 949-2978  
Harvard Med. Sch. '43  
395-1631  
355A Partlack Rd.  
Hanalei 96825 OCMS



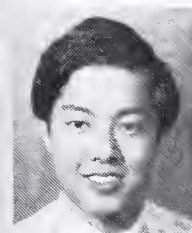
**Hew, Joseph T.T. Jr.** IM, GE  
1852 Lake St.  
Wailuku 96793 244-7414  
U. of Washington '70  
Bertha 244-0241  
P.O. Box 1150  
Wailuku 96793 MCMS



**Hiatt, Gerald A.** GE\*, IM\*  
1380 Lusitana St., #410  
Hanalei 96813 526-9575  
Jefferson Med. Cal. '68  
Carolyn 262-7170  
562A N. Kalaheia Ave.  
Kailua 96734 OCMS



**Hicks, Russell** IM\*, ADL  
1319 Punahoa St., #1050  
Hanalei 96826 947-3994  
U. of Southern Calif. '67  
Dr. Raquel  
452 Dune Cr.  
Kailua 96734 OCMS



**Himeda, Scott T.** IM  
550 S. Beretania St.  
Hanalei 96813 537-2211  
U. of Hawaii '76  
Marla 235-0529  
45-413 Kanele Pl.  
Kaneohe 96744 OCMS



**Hindle, William H.** OBG\*  
888 S. King St.  
Hanalei 96813 523-2311  
Yale U. '56  
Susan 734-3866  
Hanalei 96816 OCMS



**Hinds, M. Ward** GPM\*, PH\*  
1236 Lauhala St., #407  
Hanalei 96813 548-8452  
Vanderbilt U. '70  
Eileen 254-1110  
44-391-1 Nilu St.  
Kaneohe 96744 OCMS



**Hinman, Robert C.** N\*, IM  
1380 Lusitana St., #1012  
Hanalei 96813 537-9595  
U. of Chicago '61  
Chaan 377-5202  
5132 Paala St.  
Hanalei 96821 OCMS



**Hino, Ronald H.** PD  
302 California Ave., #209  
Wahiawa 96786 622-2655  
U. of Hawaii '79  
Dareen 395-5840  
7176 Naakea St.  
Hanalei 96825 OCMS



**Hintz, Gunther** PS\*  
321 N. Kuakini St., #601  
Hanalei 96817 523-9474  
Med. Academia Luebeck '70  
734-1815  
1930 Alaelaa St.  
Hanalei 96821 OCMS



**Hirasa, James H.** IM\*, FP  
99-128 Aiea Hts. Dr., #109  
Aiea 96701 487-3685  
U. of Chicago '64  
Susu 946-8815  
2084 Makiki Pl.  
Hanalei 96822 OCMS



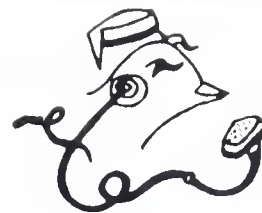
**Hirasuna, Stephen** ORS\*  
321 N. Kuakini St., #403  
Hanalei 96817 521-4703  
Northwestern U. '74  
Kay  
6863 Hawaii Kai Dr.  
Hanalei 96825 OCMS



**Hiroshige, Raymond** FP  
Creighton U. '41  
841-2956  
1888A Kaikunane Lp.  
Hanalei 96817 OCMS - RET



**Hirschy, Ira S.** PH  
U. of Michigan '33  
732-0143  
4999 Kahala Ave., Apt. 303  
Hanalei 96816 OCMS - RET



## DOCTORS and NURSES ANSWERING SERVICE

24 HOURS PROMPT  
AND COURTEOUS SERVICE

24 HOUR PRIVATE DUTY  
NURSING SERVICE

PHONE 988-2188

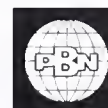
3602 WOODLAWN DRIVE  
HONOLULU, HAWAII 96822

DIRECTOR - INE HIGA, R.N.

## If you do business in Hawaii . . .

and find it valuable to  
know who's suing who  
or who's getting hit with  
tax liens, going bank-  
rupt, getting incorporat-  
ed, selling property, be-  
ing dissolved, or getting  
promoted

## . . . we have news for you



**PACIFIC  
BUSINESS  
NEWS**

For information call 521-0021.





**Hirst, Neill S.** N\*  
3120 Professional Dr.  
Ann Arbor, MI 48104  
Tufts U. '72  
OCMS



**Ho, Victor S.F.** PD\*  
888 S. King St.  
Honolulu 96813 526-1926  
U. of Hang Kang '74  
Vicki 533-1981  
55 Judd St., #1007  
Honolulu 96817 OCMS



**Honbo, Clayton K.** O8G\*  
1380 Lusitana St., #1014  
Honolulu 96813 524-4606  
Northwestern U. '64  
Dr. Lynette 988-7596  
3109 Huelani Pl.  
Honolulu 96822 OCMS



**Hiyama, Darryl T.**  
1960 East-West Rd.  
Honolulu 96822  
U. of Hawaii '84  
98-813 Iliee St.  
Aiea 96701  
OCMS - STU



**Ho, William K.W.**  
U. of Hawaii '84  
2562A Alaala Wy.  
Honolulu 96822 OCMS - STU



**Honda, Howard H.** OTO, A  
Indiana U. '30  
946-0883  
1561 Kanunu St., #601  
Honolulu 96814 OCMS - RET



**Ho, Albert K.T.** OTO\*  
1441 Kapiolani Blvd., #616  
Honolulu 96814 949-6111  
Jefferson Med. Cal. '42  
Adele 734-8622  
4159 Papu Cr.  
Honolulu 96816 OCMS



**Hoffman, Kenneth J.** P  
Tripler Med. Ctr. 8ax 1393  
Tripler AMC 96859 733-6413  
E. Virginia Med. Sch. '79  
833-1702  
2920 Ala Ilima St., #1502  
Honolulu 96818 OCMS - RES



**Honl, Leonard A.** FP  
Rush Med. Cal. '28  
P.O. 8ax 2408  
Reno, NV 89505 OCMS - RET



**Ho, Edgar C.K.** PD\*, POC  
888 S. King St.  
Honolulu 96813 523-2311  
St. Louis U. '63  
Elizabeth 737-4354  
1145 Makaiwa St.  
Honolulu 96816 OCMS



**Holland, Michael G.**  
1356 Lusitana St., 6th Fl.  
Honolulu 96813  
Med. Cal. of Penn. '81  
OCMS - RES



**Horio, David T.** PTH\*  
2230 Liliha St.  
Honolulu 96817 547-6536  
Harvard Med. Sch. '71  
Nina 988-6229  
3320 Oahu Ave.  
Honolulu 96822 OCMS



**Ho, Karen S.Y.** TR  
UCSF, Radiation Oncology  
S.F., CA 94143 (415) 666-4811  
U. of Hawaii '79  
(415) 573-9008  
2226 Bermuda Dr.  
San Mateo, CA 94403 OCMS - RES



**Hollison, Robert V.** IM\*, FP\*  
7192 Kalaniana'ole Hwy.  
Honolulu 96825 396-6321  
U. of Washington '73  
Kathleen 395-4049  
486 Kekupua St.  
Honolulu 96825 OCMS



**Hoskinson, William S.** O8G\*  
39 Kam Ave.  
Kahului 96732 877-3981  
U. of Oregon '59  
Gertrude  
27 Nanaina St.  
Pukalani 96788 MCMS



**Ho, Kenneth E.** FP  
Middlesex U. '44  
1948 Matt-Smith Dr.  
Honolulu 96822 OCMS - RET



**Holmes, William J.** OPH\*, PH  
Rush Med. Cal. '34  
Gisela 946-2042  
2011 Ualokaa St.  
Honolulu 96822 OCMS - RET



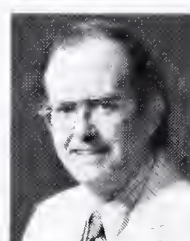
**Houk, John H.** IM\*  
839 S. Beretania St.  
Honolulu 96813 531-6471  
U. of Illinois '77  
Wanda  
1055 Nuuanu Ave., #404  
Honolulu 96814 OCMS



**Ho, Reginald C.S.** IM\*, HEM  
888 S. King St.  
Honolulu 96813 523-2311  
St. Louis U. '59  
Sharilyn 247-0638  
44-588 Kaneohe Bay Dr.  
Kaneohe 96744 OCMS



**Holtzman, Saul C.** P\*  
Tripler AMC 8ax 256  
Tripler AMC 96859 433-6315  
Bastan U. '43  
Mildred 488-8575  
98-703 Iha Pl., Apt. 1-704  
Aiea 96701



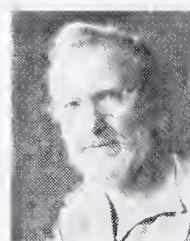
**Howard, Leonard R.** O8G\*  
1697 Ala Maana  
Honolulu 96815 671-5735  
U. of Michigan '57  
Marilyn 487-7009  
98-1128 Maluualua St.  
Aiea 96701 OCMS



**Ho, Richard K.B.** PO\*  
1380 Lusitana St., #501  
Honolulu 96813 521-6622  
U. of Maryland '57  
Anita 734-6288  
1829 Halekaa Dr.  
Honolulu 96821 OCMS



**Holzgang, Anthony** P  
U. of Hawaii '78  
595-7438  
92 Coelha Way  
Honolulu 96817 OCMS - RES



**Howard, R. Grant** ORS\*  
Northwestern U. '39  
Jeanette 923-2208  
3015 Kalakaua Ave., #501  
Honolulu 96815 OCMS - RET



# HOW MUCH WILL YOU BE WORTH WHEN YOU RETIRE? WE'LL TELL YOU, FREE.

## IRA Projection Computer.

With all the talk of IRAs these days, State Savings finally ends the confusion of what you can expect from an IRA investment. With the IRA Projection Computer.

The computer is not only fast and efficient, but it also offers you the projected worth of your own, personal IRA.

## Here's how it works.

We pre-program our present IRA rate into the computer. All you have to do is key in your age, your tax bracket, and how much you wish to contribute each year. It's that simple. You then receive a printout indicating the value of your IRA fund at age 60, 65 and 70. You'll also be able to see how much a month you'll receive under what withdrawal basis you prefer.

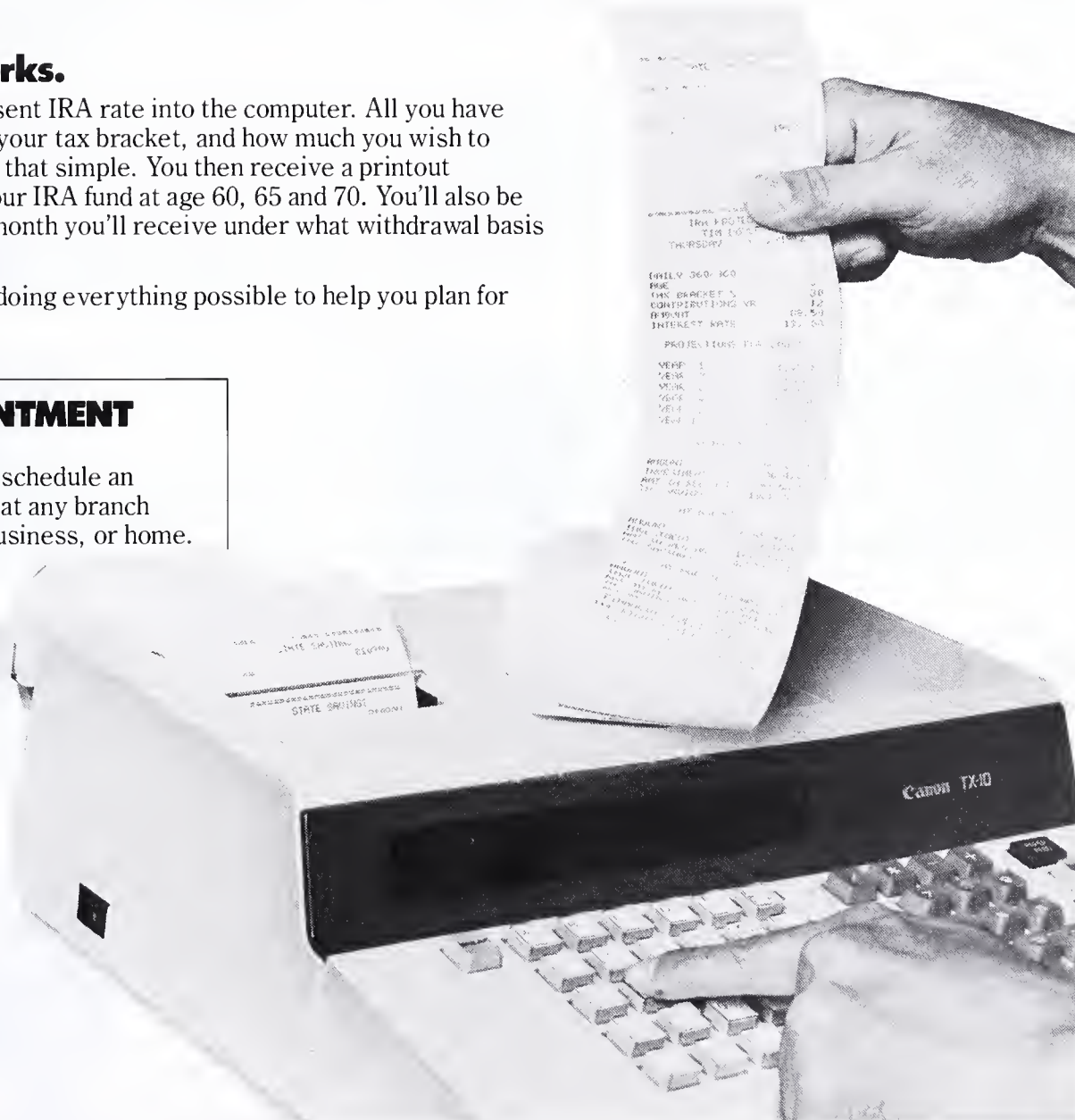
At State Savings, we're doing everything possible to help you plan for a secure future.

### IRA BY APPOINTMENT

Want to save time?

We would be happy to schedule an appointment with you at any branch office, your place of business, or home.

**526-1788**



## State Savings

Aiea/Haleiwa/Honolulu/Kaimuki/Kalihi/Kaneohe Kapiolani/Liliha

Manoa-Woodlawn/McCully/Mililani Town/Pearlridge/Wahiawa/Waianae/Waipahu/Hilo/Honokaa/Kona/Kauai/Lanai/Maui







**Howell, Milton M.** GP  
P.O. Box 98  
Hana 96713 248-8035  
U. of Rochester '52  
Raselle 248-8955  
Star Route Box #144  
Hana 96713 MCMS



**Ichiriu, Edwin T.** AN\*  
321 N. Kuakini St., #306  
Hanaleulu 96817 537-3263  
Creighton U. '55  
Judith 988-4640  
3447 Kumu St.  
Hanaleulu 96822 OCMS



**Ing, Edmund T.K.** FP, U  
1531 S. Beretania St., #303  
Hanaleulu 96826 949-2669  
St. Johns U. '30  
Audrey 533-2722  
2101 Mott-Smith Dr.  
Hanaleulu 96822 OCMS



**Howlett, Lynda J.** P, CHP  
850 W. Hind Dr., #224  
Hanaleulu 96821 373-4621  
Queens U. '69  
OCMS



**Ignacio, Azucena** IM, ON  
94-752A Hikimae St.  
Waipahu 96797 671-0515  
U. of Santo Tamas '61  
Mussalini 947-5865  
94-2033 Paiania Pl.  
Mililani 96789 OCMS



**Ing, Gordon K.C.** OBG\*  
1697 Ala Moana  
Hanaleulu 96815 949-5811  
Northwestern U. '64  
Vivian 395-3427  
7170 Niualu Lp.  
Hanaleulu 96825 OCMS



**Hsia, Yujen Edward** PD\*, OA  
1310 Punahou St.  
Hanaleulu 96826 948-6834  
Oxford U. '56  
Juliet Yuen 373-2028  
4907 Paola St.  
Hanaleulu 96821 OCMS



**Ikeda, Jack K.** IM\*  
2065 S. King St., #202  
Hanaleulu 96826 949-6451  
Creighton U. '54  
Oran  
OCMS



**Ing, Hen Yung** AN  
Northwestern U. '25  
538-6441  
718 Spencer St.  
Hanaleulu 96813 OCMS - RET



**Hughes, Kenneth R.** IM\*, LM  
1270 Queen Emma St., #409  
Hanaleulu 96813 531-2048  
U. of Rochester '61  
Florence 531-7418  
700 Richards St., #809  
Hanaleulu 96813 OCMS



**Ikezaki, Francis M.** IM  
1010 S. King St., #206  
Hanaleulu 96814 537-4620  
U. of Kansas '58  
Stello 988-6025  
1920 Kamaia Dr.  
Hanaleulu 96822 OCMS



**Ing, Kenneth K.F.** GP, GS  
1300 Pali Hwy., #202  
Hanaleulu 96813 538-6532  
Temple U. '50  
Diana 536-6260  
2106 Mott-Smith Dr.  
Hanaleulu 96822 OCMS



**Hundahl, Scott A.** GS  
1356 Lusitana St., 6th Fl.  
Hanaleulu 96813  
Yale U. '81  
521-2171  
999 Wilder Ave., #903  
Hanaleulu 96822 OCMS - RES



**In, Peter A.** CHP, P  
190 Keawe St., #22  
Hilo 96720 935-6133  
Tufts U. '70  
Vaness 885-4776  
P.O. Box 1227  
Kamuela 96743



**Ing, Malcolm R.** OPH\*  
1319 Punahou St., #1110  
Hanaleulu 96826 955-5951  
Yale U. '59  
Audrey 595-4902  
3338 Kamaoia Pl.  
Hanaleulu 96817 OCMS



**Huntley, David M.** D\*  
407 Ulunui St.  
Kailua 96734 262-6961  
Ohio State U. '68  
262-7069  
204 S. Kalahea Ave.  
Kailua 96734 OCMS



**Inada, Michael J.** IM  
U. of Hawaii '81  
1415 Ainakaa Ave.  
Hanaleulu 96821 OCMS - RES



**Inouye, Allan A.** GS\*, TS  
1520 Liliha St., #502  
Hanaleulu 96817 533-2380  
U. of Washington '74  
Judith 523-3929  
55 S. Judd St., #2107  
Hanaleulu 96817 OCMS



**Hur, Ben I.M.** FP, PD  
784 Kinaale St.  
Hila 96720 961-3779  
Yansei U. '65  
Kay 959-8903  
1565 Lanihau St.  
Hila 96720 HCMS



**Inamasu, Melvin S.** IM\*, ON  
1520 Liliha St., #504  
Hanaleulu 96817 533-3808  
U. of Hawaii '76  
Nareen 235-0466  
45-215 Kaa Kahika St.  
Kaneohe 96744 OCMS



**Inouye, Kiyoshi** GS  
Washington U. '32  
Lily 595-2727  
92 Kawanakaa Pl.  
Hanaleulu 96817 OCMS - RET



**Iaconetti, William E.** GS  
130 Prisan St.  
Lahaina 96761 661-0051  
U. of Calif.-S.F. '48  
Lorraine 669-6735  
5165 L. Hanaapiilani Rd.  
Lahaina 96761 MCMS



**Inamine, Seiei** FP  
Chicago Med. Sch. '40  
737-9915  
1578A St. Louis Dr.  
Hanaleulu 96816 OCMS - RET



**Iritani, Roy I.** GS\*  
1010 S. King St., #112  
Hanaleulu 96814 536-8993  
U. of Colorado '54  
Ramona 533-4923  
49 Kawanakaa Pl.  
Hanaleulu 96817 OCMS





**Irvine, Robert D.** ORS\*  
670 Ponahowai St.  
Hilo 96720 935-5465  
Columbia U. '66  
Suson 935-8080  
974 Ainako Ave.  
Hilo 96720 HCMS



**Ita, William S.** FP  
1521 S. King St., #201  
Honolulu 96826 941-9438  
U. of Oregon '39  
Dorothy 946-7345  
1715 Fern St., #306  
Honolulu 96826 OCMS



**Izumi, Homer M.** FP\*, PUD\*  
U. of Calif.-S.F. '35  
May 536-7563  
2675 Aaliamanu Pl.  
Honolulu 96813 OCMS - RET



**Ishida, Warren Y.** NS  
321 N. Kuakini St., #801  
Hanolulu 96817 536-3671  
U. of Washington '73  
Ruth  
217 Prospect St., #815  
Hanolulu 96813 OCMS



**Iwaishi, Louise K.** PD  
98-1010 Haukapilo Rd.  
Aieo 96701 488-8431  
U. of Hawaii '78  
Norman 488-1192  
99-144 Iwaiwa Pl.  
Aieo 96701



**Izumi, Katsuyuki** FP  
U. of Iowa '32  
Edith 244-3413  
2637 Main St.  
Wailuku 96793 MCMS - RET



**Ishii, Clyde H.** FP  
Jefferson Med. Col. '34  
822-4824  
Kapaa 96752 KCMS - RET



**Izawa, Edward H.** TS\*, GS\*  
321 N. Kuakini St., #303  
Hanolulu 96817 536-7809  
Geo. Washington U. '57  
Claro 734-0166  
4247 Kilauea Ave.  
Honolulu 96816 OCMS



**Jacang, Amelia R.** PD\*  
1380 Lusitana St., #806  
Hanolulu 96813 537-6974  
U. of the East '63  
Rudy 488-8929  
98-1069 Palula Way  
Aieo 96701 OCMS



**Ishiaka, Michael** IM\*  
321 N. Kuakini St., #200  
Hanolulu 96817 523-8611  
U. of Michigan '75  
Julie 988-3012  
3276 Oahu Ave.  
Hanolulu 96822 OCMS



**Izumi, Allan K.** D\*  
1380 Lusitana St., #412  
Honolulu 96813 521-6741  
U. of Calif.-S.F. '65  
Dano 732-0155  
OCMS



**James, Jonathan B.** IM\*  
75-5759 Kuakini Hwy., #208  
Kailua-Kona 96740 329-7007  
U. of Iowa '74  
Shoryn 324-1222  
77-6412 Kepano Pl.  
Kailua-Kona 96740 WHMS

# SOUND ADVICE

For over 45 years, Hawaii Hearing Aids has worked with Hawaii's Physicians, urging patients to "see your doctor first" with any hearing problems.

We rely on this "sound" advice, from you the physician, so that we can continue to serve the people of these islands to the best of our ability.



**HAWAII HEARING AIDS, LTD.**

1153 Bethel Street  
Honolulu, Hawaii 96813 Ph. 538-6785

"We Opened Hawaii's Eyes To Its Ears."

Since 1936

## COMPUTERIZED BOOKKEEPING

*Tailored For Your Needs*

**GENERAL LEDGER  
ACCOUNTS RECEIVABLE  
ACCOUNTS PAYABLE  
BILLING  
PAYROLL  
FINANCIAL STATEMENTS**

Balance sheets. Income statements  
(Monthly or Quarterly)

We can give you any one of the above services or do a complete bookkeeping service with monthly financial statements. Let us help make your bookkeeping easier, faster and less expensive.

**WE PICK UP AND DELIVER YOUR BOOKS**

Our Services Free Your Personnel For Other Duties!

**PHONE 922-4539**





**James, William C.** IM\*  
53 Puunene Ave.  
Kahului 96732 877-2023  
Geo. Washington U. '61  
Penny 572-9414  
461 Aulii Dr.  
Pukalani 96788 MCMS



**Johnson, Arthur C. III** GP  
AOPC #685  
Schafeld Bks. 96857 655-0014  
Yale U. '79  
Margaret 735-4940  
5060 Maunalani Cr.  
Hanalei 96816 OCMS



**Joseph, R. Bruce** OTO\*  
1319 Punahou St., #1120  
Hanalei 96826 531-7283  
U. of Kansas '56  
Janet 261-6468  
20 Puukani Pl.  
Kailua 96734 OCMS



**Jasinski, Casimer** AM\*, OM\*  
1904 University Ave.  
Hanalei 96822 941-4326  
Washington U. '57  
Dr. Oaris 941-4326  
3150 Huelani Pl.  
Hanalei 96822 OCMS



**Johnson, Elmer C.** IM\*, ON  
550 S. Beretania St.  
Hanalei 96813 537-2211  
Northwestern U. '48  
Lila 373-9323  
1771 Alawea Pl.  
Hanalei 96821 OCMS



**Judd, Charles S.** GS\*  
1741 Nuuanu Ave.  
Hanalei 96817 533-7679  
Yale U. '46  
Mary 946-1855  
134 Palake Pl.  
Hanalei 96822 OCMS



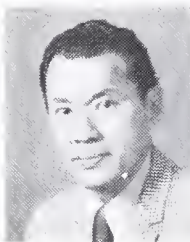
**Jasinski, Doris R.** FP\*  
1904 University Ave.  
Hanalei 96822 941-4326  
Washington U. '56  
Dr. Casimer 941-4326  
3150 Huelani Pl.  
Hanalei 96822 OCMS



**Johnson, Harold M.** O\*  
Baylar Col. '37  
Mary 988-4158  
2494 East Manoa Rd.  
Hanalei 96822 OCMS - RET



**Kagihara, Edward K. Jr.** PO\*  
880 Kam Hwy.  
Pearl City 96782 455-1031  
U. of Iowa '59  
Jane 488-2222  
98-1651 Piki St.  
Aiea 96701 OCMS



**Jim, Edward L.S.** GS\*, HNS\*  
1481 S. King St., #403  
Hanalei 96814 949-6116  
U. of Chicago '55  
Mardie OCMS



**Johnston, Albert C.** R  
Rush Med. Col. '29  
Thyra 536-4773  
1350 Ala Moana, #810  
Hanalei 96814 KCMS - RET



**Kagihara, Lance M.** IM  
2055 N. King St.  
Hanalei 96819 841-4507  
U. of Hawaii '78 455-2604  
836 Haamalu St.  
Pearl City 96792 OCMS



**Jim, Robert T.S.** HEM\*, ON  
1481 S. King St., #403  
Hanalei 96814 949-6116  
U. of Chicago '48  
Annette 988-3658  
2812A Puuhaua St.  
Hanalei 96822 OCMS



**Johnston, Robert G.** PTH\*  
Harvard Med. Sch. '37 885-4030  
P.O. Box 1026  
Kamuela 96743 HCMS - RET



**Kaichi, Aaron S.**  
U. of Hawaii '81  
1025 Maunahi Pl.  
Hanalei 96822 OCMS - RES



**Jim, Vernon K.S.** PS\*, OPH\*  
1481 S. King St., #403  
Hanalei 96814 949-6116  
U. of Chicago '44  
Yun Saang 949-8327  
2530 Ferdinand Ave.  
Hanalei 96822 OCMS



**Jones, Donald A.** ORS\*  
888 S. King St.  
Hanalei 96813 523-2311  
U. of Minnesota '53  
Jacqueline 737-6720  
4319 Kilaua Ave.  
Hanalei 96816 OCMS



**Kaku T. Roy** OTO  
888 S. King St.  
Hanalei 96813 523-2311  
Washington U. '56 373-9148  
1413 Ohialake St.  
Hanalei 96821 OCMS



**Jobe, Virgil R. Jr.** OR\*  
888 S. King St.  
Hanalei 96813 544-8770  
U. of Oklahoma '60  
Virginia 373-4827  
84 Wailupe Cr.  
Hanalei 96821 OCMS



**Jones, Lloyd E.** AN\*  
600 Kapiolani Blvd., #203A  
Hanalei 96813 537-6306  
U. of Nebraska '74 OCMS



**Kalauawa, Elliot J.** IM  
1356 Lusitana St., IM  
Hanalei 96813  
U. of Hawaii '79 OCMS - RES



**Johns, Montgomery N.** OBG  
407 Uluniu St.  
Kailua 96734 262-6961  
U. of Calif.-L.A. '78  
Sally 261-9622  
961 Kahili St.  
Kailua 96734 OCMS - RES



**Jones, William P.G.** PUO\*, IM\*  
888 S. King St.  
Hanalei 96813 523-2311  
U. of Sheffield '53  
Raberta OCMS



**Kam, Calvin C.M.** NS\*  
2228 Liliha St., #402  
Hanalei 96817 524-1090  
Washington U. '60  
Shirley 734-8378  
3880 Pakapahu Pl.  
Hanalei 96816 OCMS



# the initial antihypertensive dosage of the beta blocker you prescribe...

	recommended initial dosage in hypertension
CORGARD <sup>1</sup> (Nadolol)	40 mg o.d.
TENORMIN <sup>2</sup> (Atenolol)	50 mg o.d.
LOPRESSOR <sup>3</sup> (Metoprolol Tartrate)	50 mg b.i.d.
INDERAL <sup>4</sup> (Propranolol Hydrochloride)	40 mg b.i.d.
BLOCADREN <sup>®</sup> (Timolol Maleate   MSD)	10 mg b.i.d.

is not  
the same as the  
cardioprotective dosage\*  
unless...

<sup>1</sup>registered trademark of E. R. Squibb & Sons, Inc.

<sup>2</sup>registered trademark of ICI Americas Inc.

<sup>3</sup>registered trademark of Ciba-Geigy Corporation

<sup>4</sup>registered trademark of Ayerst Laboratories

\*Cardioprotective dosage—the dosage recommended in the Prescribing Information to reduce the risk of reinfarction or cardiovascular mortality for stabilized patients who have survived the acute phase of an MI

...the  
beta blocker  
you prescribe

is

**BLOCADREN<sup>®</sup>**  
(TIMOLOL MALEATE | MSD)

Only BLOCADREN is presently indicated for the post-MI patient to reduce the risk of reinfarction, and BLOCADREN is the only beta blocker whose dosage has been established through extensive clinical trials to be the same for post-MI as for initial therapy in hypertension. In hypertension the starting dosage is only 10 mg b.i.d. There is only one dosage for prophylactic use in stabilized patients surviving the acute phase of an MI: 10 mg b.i.d.

BLOCADREN is contraindicated in patients with: bronchospasm, including bronchial asthma, or severe chronic obstructive pulmonary disease; sinus bradycardia; second- and third-degree atrioventricular block; overt cardiac failure (see below); cardiogenic shock; and hypersensitivity to this product.

Sympathetic stimulation may be essential for support of the circulation in individuals with diminished myocardial contractility, and its inhibition by beta-adrenergic receptor blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, they can be used, if necessary, with caution in patients with a history of failure who are well compensated, usually with digitalis and diuretics. Both digitalis and timolol maleate slow AV conduction. If cardiac failure persists, therapy with BLOCADREN should be withdrawn.

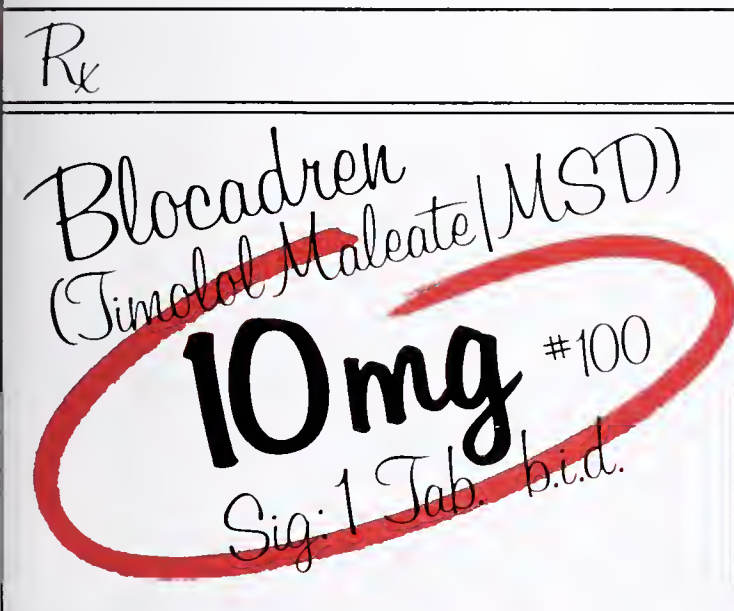
In patients without a history of cardiac failure, continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure. At the first sign or symptom of cardiac failure, patients receiving BLOCADREN should be observed closely. If cardiac failure continues, despite adequate digitalization and diuretic therapy, BLOCADREN should be withdrawn.

***Exacerbation of Ischemic Heart Disease following Abrupt Withdrawal—***

Hypersensitivity to catecholamines has been observed in patients withdrawn from beta-blocker therapy; exacerbation of angina and, in some cases, myocardial infarction have occurred after *abrupt* discontinuation of such therapy. When discontinuing chronically administered timolol maleate, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of one to two weeks, and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, timolol maleate administration should be reinstituted promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue timolol maleate therapy abruptly even in patients treated only for hypertension.



for  
initial  
therapy  
in hypertensive  
patients



**Usual dosage range:**  
10 to 20 mg b.i.d.

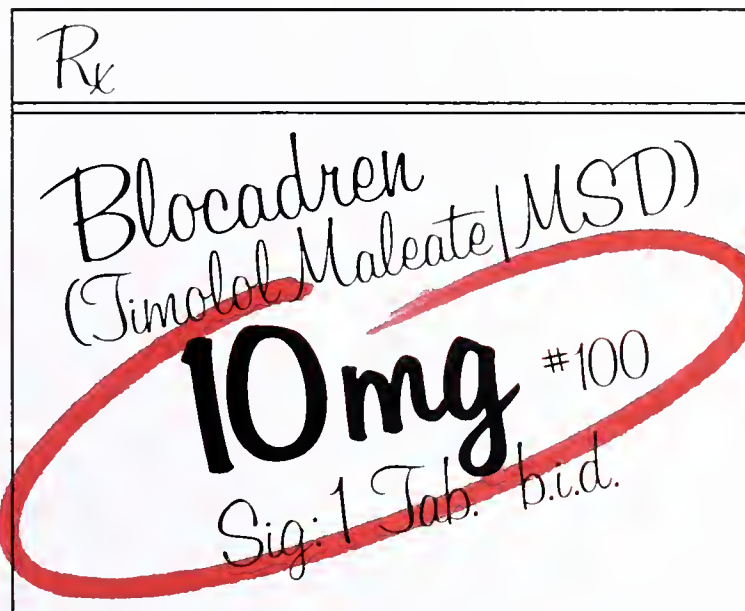
**Maximum dosage:**  
30 mg b.i.d.

There should be an interval of at least seven  
days between increases in dosages.

**Also available:**  
20-mg tablets

**NOTE: IN HYPERTENSION**  
BLOCADREN may be used alone or in  
combination with other antihypertensive  
agents, especially thiazide-type diuretics.

for  
reducing  
the risk of reinfarction  
in stabilized  
post-MI patients



**Dosage:**  
10 mg b.i.d.

Treatment should be  
initiated within 1 to 4 weeks  
after infarction.

Data are not available as  
to whether benefit would  
ensue if initiated later.

**MSD**

MERCK  
SHARP  
&  
DOHME

Copyright © Merck & Co., INC., 1982

**BLOCADREN®**  
(TIMOLOL MALEATE | MSD)

only 10 mg b.i.d.  
for initial therapy in  
hypertension and post-MI

# BLOCADREN<sup>®</sup>

(TIMOLOL MALEATE | MSD)

## CONTRAINDICATIONS:

Bronchospasm, including bronchial asthma, or severe chronic obstructive pulmonary disease; sinus bradycardia; second- and third-degree atrioventricular block; overt cardiac failure (see WARNINGS); cardiogenic shock; hypersensitivity to this product.

## WARNINGS:

**Cardiac Failure:** Sympathetic stimulation may be essential for support of the circulation in individuals with diminished myocardial contractility, and its inhibition by beta-adrenergic receptor blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, they can be used, if necessary, with caution in patients with a history of failure who are well compensated, usually with digitalis and diuretics. Both digitalis and timolol maleate slow AV conduction. If cardiac failure persists, therapy with BLOCADREN should be withdrawn.

**In Patients without a History of Cardiac Failure:** Continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure. At the first sign or symptom of cardiac failure, patients receiving BLOCADREN should be digitalized and/or be given a diuretic, and the response observed closely. If cardiac failure continues despite adequate digitalization and diuretic therapy, BLOCADREN should be withdrawn.

**Exacerbation of Ischemic Heart Disease following Abrupt Withdrawal—**Hypersensitivity to catecholamines has been observed in patients withdrawn from beta-blocker therapy; exacerbation of angina and, in some cases, myocardial infarction have occurred after abrupt discontinuation of such therapy. When discontinuing chronically administered timolol maleate, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of one to two weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, timolol maleate administration should be reinstituted promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue timolol maleate therapy abruptly even in patients treated only for hypertension.

**Major Surgery:** The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. Beta-adrenergic receptor blockade impairs the ability of the heart to respond to beta-adrenergically mediated reflex stimuli. This may augment the risk of general anesthesia in surgical procedures. Some patients receiving beta-adrenergic receptor blocking agents have been subject to protracted severe hypotension during anesthesia. Difficulty in restarting and maintaining the heartbeat has also been reported. For these reasons, in patients undergoing elective surgery, some authorities recommend gradual withdrawal of beta-adrenergic receptor blocking agents.

If necessary during surgery, the effects of beta-adrenergic blocking agents may be reversed by sufficient doses of such agonists as isoproterenol, dopamine, dobutamine, or levaterenol.

**Diabetes Mellitus:** BLOCADREN should be administered with caution in patients subject to spontaneous hypoglycemia or to diabetic patients (especially those with labile diabetes) who are receiving insulin or oral hypoglycemic agents. Beta-adrenergic receptor blocking agents may mask the signs and symptoms of acute hypoglycemia.

**Thyrotoxicosis:** Beta-adrenergic blockade may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta blockade which might precipitate a thyroid storm.

## PRECAUTIONS:

**General: Impaired Hepatic or Renal Function:** Since BLOCADREN is partially metabolized in the liver and excreted mainly by the kidneys, dosage reductions may be necessary when hepatic and/or renal insufficiency is present.

**Dosing in the Presence of Marked Renal Failure:** Marked hypotensive responses have been seen in patients with marked renal impairment undergoing dialysis after

20-mg doses. Dosing in such patients should therefore be especially cautious.

**Drug Interactions:** Close observation of the patient is recommended when BLOCADREN is administered to patients receiving catecholamine-depleting drugs such as reserpine, because of possible additive effects and the production of hypotension and/or marked bradycardia which may produce vertigo, syncope, or postural hypotension.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a two-year study of timolol maleate in rats, there was a statistically significant ( $p \leq 0.05$ ) increase in the incidence of adrenal pheochromocytomas in male rats administered 300 times the maximum recommended human dose (1 mg/kg/day). Similar differences were not observed in rats administered doses equivalent to 25 or 100 times the maximum recommended human dose. In a lifetime study in mice, there were statistically significant ( $p \leq 0.05$ ) increases in the incidence of benign and malignant pulmonary tumors and benign uterine polyps in female mice at 500 mg/kg/day, but not at 5 or 50 mg/kg/day. There was also a significant increase in mammary adenocarcinomas at the 500-mg/kg/day dose. This was associated with elevations in serum prolactin which occurred in female mice administered timolol at 500 mg/kg, but not at doses of 5 or 50 mg/kg/day. An increased incidence of mammary adenocarcinomas in rodents has been associated with administration of several other therapeutic agents which elevate serum prolactin, but no correlation between serum prolactin levels and mammary tumors has been established in man. Furthermore, in adult human female subjects who received oral dosages of up to 60 mg of timolol maleate, the maximum recommended human oral dosage, there were no clinically meaningful changes in serum prolactin.

There was a statistically significant increase ( $p \leq 0.05$ ) in the overall incidence of neoplasms in female mice at the 500-mg/kg/day dosage level.

Timolol maleate was devoid of mutagenic potential when evaluated *in vivo* (mouse) in the micronucleus test and cytogenetic assay (doses up to 800 mg/kg) and *in vitro* in a neoplastic cell transformation assay (up to 100  $\mu$ g/ml). In Ames tests the highest concentrations of timolol employed, 5000 or 10,000  $\mu$ g/plate, were associated with statistically significant elevations ( $p \leq 0.05$ ) of revertants observed with tester strain TA100 (in seven replicate assays) but not in the remaining three strains. In the assays with tester strain TA100, no consistent dose response relationship was observed nor did the ratio of test to control revertants reach 2. A ratio of 2 is usually considered the criterion for a positive Ames test.

Studies in rats showed no adverse effect on male or female fertility at doses up to 150 times the maximum recommended human dose.

**Pregnancy—Category C:** Should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** Because of the potential for serious adverse reactions from timolol in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

**Pediatric Use:** Safety and effectiveness in children have not been established.

## ADVERSE REACTIONS:

BLOCADREN is usually well tolerated in properly selected patients. Most adverse effects have been mild and transient.

In a multicenter (12-week) clinical trial comparing timolol maleate and placebo, the following adverse reactions were reported spontaneously and considered to be causally related to timolol maleate:

	Timolol Maleate (n = 176) %	Placebo (n = 168) %
<b>BODY AS A WHOLE</b>		
fatigue/tiredness	3.4	0.6
headache	1.7	1.8
chest pain	0.6	0
asthenia	0.6	0
<b>CARDIOVASCULAR</b>		
bradycardia	9.1	0
arrhythmia	1.1	0.6
syncope	0.6	0
edema	0.6	1.2
<b>DIGESTIVE</b>		
dyspepsia	0.6	0.6
nausea	0.6	0
<b>INTEGUMENTARY</b>		
pruritus	1.1	0
<b>NERVOUS SYSTEM</b>		
dizziness	2.3	1.2
vertigo	0.6	0
paresthesia	0.6	0

	Timolol Maleate (n = 176) %	Placebo (n = 168) %
<b>PSYCHIATRIC</b>		
decreased libido	0.6	0
<b>RESPIRATORY</b>		
dyspnea	1.7	0.6
bronchial spasm	0.6	0
rales	0.6	0
<b>SPECIAL SENSES</b>		
eye irritation	1.1	0.6
tinnitus	0.6	0

These data are representative of the incidence of adverse effects that may be observed in a properly selected hypertensive patient population, e.g., a group excluding patients with bronchospastic disease, congestive heart failure, or other contraindications to beta-blocker therapy. These adverse reactions can also occur in patients with coronary artery disease.

In a different population, the coronary artery disease population, studied in the Norwegian multicenter trial (see CLINICAL PHARMACODYNAMICS), the frequency of the principal adverse reactions and the frequency with which these resulted in discontinuation of therapy in the timolol and placebo groups were:

	Adverse Reaction*		Withdrawal*	
	Timolol (n = 945) %	Placebo (n = 939) %	Timolol (n = 945) %	Placebo (n = 939) %
Asthenia or Fatigue	5	1	<1	<1
Heart Rate	5	<1	4	<1
< 40 beats/minute				
Cardiac Failure—Nonfatal	8	7	3	2
Hypotension	3	2	3	1
Pulmonary Edema—Nonfatal	2	<1	<1	<1
Claudication	3	3	1	<1
AV Block	<1	<1	<1	<1
2nd or 3rd degree				
Sinoatrial Block	<1	<1	<1	<1
Cold Hands and Feet	8	<1	<1	0
Nausea or Digestive	8	6	1	<1
Disorders				
Dizziness	6	4	1	0
Bronchial Obstruction	2	<1	1	<1

\*When an adverse reaction occurred in a patient, it is listed only once.

\*Only principal reason for withdrawal in each patient is listed.

These adverse reactions can also occur in patients treated for hypertension.

The following additional adverse effects have been reported in clinical experience with the drug: **Body as a Whole:** extremity pain, decreased exercise tolerance, weight loss; **Cardiovascular:** cardiac failure, cerebral vascular accident, worsening of angina pectoris, worsening of arterial insufficiency, Raynaud's phenomenon, palpitations, vasodilatation; **Digestive:** gastrointestinal pain, hepatomegaly, vomiting, diarrhea, dyspepsia; **Endocrine:** hyperglycemia, hypoglycemia; **Integumentary:** rash, skin irritation, increased pigmentation, sweating; **Musculoskeletal:** arthralgia; **Nervous System:** local weakness; **Psychiatric:** depression, nightmares, somnolence, insomnia, nervousness, diminished concentration; **Respiratory:** cough; **Special Senses:** visual disturbances, dry eyes; **Urogenital:** impotence, urination difficulties.

**Potential Adverse Effects:** In addition, a variety of adverse effects not observed in clinical trials with BLOCADREN, but reported with other beta-adrenergic blocking agents, should be considered potential adverse effects of BLOCADREN: **Nervous System:** reversible mental depression progressing to catatonia; hallucinations, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics; **Cardiovascular:** intensification of AV block (see CONTRAINDICATIONS); **Gastrointestinal:** mesenteric arterial thrombosis, ischemic colitis; **Hematologic:** agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura; **Allergic:** erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress; **Miscellaneous:** reversible alopecia, Peyronie's disease. Multisystem syndrome reported with practolol.

**Clinical Laboratory Test Findings:** Slight increases in blood urea nitrogen, serum potassium, and serum uric acid, and slight decreases in hemoglobin and hematocrit occurred, but were not progressive or associated with clinical manifestations.

**MSD**  
**MERCK**  
**SHARP**  
**DOHME**

For more detailed information, consult your MSD Representative and the Prescribing Information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, PA 19486.





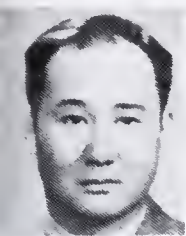
**Kam, Edwin T.** FP, U  
U. of Pennsylvania '30  
Annabelle 955-5409  
500 University St., PH10  
Honolulu 96826 OCMS - RET



**Kaneshira, Francis T.** FP  
1040 S. King St., #412  
Honolulu 96814 533-3463  
Jefferson Med. Col. '40  
Haruko 533-2848  
2308 Nuuanu Ave.  
Honolulu 96817 OCMS



**Kawaoka, Wallace S.** OPH  
1010 S. King St., #218  
Honolulu 96814 536-7893  
Tulane U. '37  
Mitsuko 941-2767  
1827 Vancouver Pl.  
Honolulu 96822 OCMS



**Kam, Joseph T.Y.** FP  
156 S. School St.  
Honolulu 96813 536-8601  
U. of Santo Tomas '43  
536-8601  
1602 Lusitana St., #303  
Honolulu 96813 OCMS



**Kaneshira, Kenneth H.**  
U. of Hawaii '85  
1412 Kania St.  
Honolulu 96817 OCMS - STU



**Kawasaki, Isaac A.** FP, GS  
1232 S. King St.  
Honolulu 96814 536-8633  
U. of Cincinnati '35  
Ruby 395-3520  
734 Kalanipuu St.  
Honolulu 96825 OCMS



**Kamada, Ray O.** IM\*, CD\*  
321 N. Kuakini St., #504  
Honolulu 96817 523-6181  
Washington U. '64  
Elaine 373-3883  
OCMS



**Kaneshira, Melvyn M.** IM\*, HEM  
2055 N. King St.  
Honolulu 96819 841-4507  
Tulane U. '63  
Patricia 373-3443  
1933 Laukahi St.  
Honolulu 96821 OCMS



**Kawasugi, Tashihika** PD\*  
1010 S. King St., #702  
Honolulu 96814 531-0929  
Hiroshima U. Med. Sch. '57  
Mae 537-3094  
2623 Aaliamanu Pl.  
Honolulu 96813 OCMS



**Kamaka, Joseph K. III**  
U. of Hawaii '81  
1615 Wilder Ave., #605  
Honolulu 96821  
OCMS - RES



**Kaneshira, Owen D.** IM\*  
321 N. Kuakini St., #200  
Honolulu 96817 523-8611  
Tufts U. '70  
Kathlyn 988-7772  
3261 Lower Rd.  
Honolulu 96822 OCMS



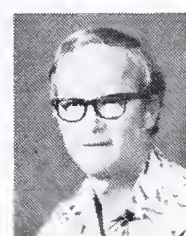
**Keeney, Tawn I.** GP  
P.O. Box 235  
Honolulu 96727 775-7767  
Creighton U. '76  
Yolanda 776-1330  
P.O. Box 391  
Paauilo 96776 HCMS



**Kamin, Paul D.** R\*  
888 S. King St.  
Honolulu 96813 523-2311  
Georgetown U. '72  
Sandra 735-1848  
1037 Koloa St.  
Honolulu 96816 OCMS



**Kasamata, Sadaichi** FP  
15 Lanihuli St.  
Hilo 96720 935-1242  
U. of Calif.-S.F. '29  
935-3110  
107 Pilioloa St.  
Hilo 96720 HCMS



**Kelley, Richard R.** PTH\*  
2335 Kalakaua Ave.  
Honolulu 96815 923-0711  
Harvard Med. Sch. '60  
Linda 734-8415  
3701D Diamond Head Rd.  
Honolulu 96816 OCMS - RET



**Kamsat, Abraham Ng** PUD  
Hahnemann Med. Col. '35  
Betty 537-6588  
2016 Mauna Pl.  
Honolulu 96822 OCMS - RET



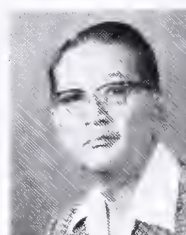
**Katsuki, David I.** OBG  
U. of Nebraska '28  
Theresa  
4970 Maunalani Cr.  
Honolulu 96816 OCMS - RET



**Kelman, Edward M.** CLP\*, PTH\*  
1063 E. Main St., #223C  
Wailuku 96793 244-5567  
U. of Tennessee '49  
Shirley 661-8637  
307 Kaao Pl.  
Lahaina 96761 MCMS



**Kanda, Edward N.** IM\*, GE\*  
321 N. Kuakini St., #200  
Honolulu 96817 523-8611  
St. Louis U. '71  
Carolyn 377-5045  
5257 Kimokeo St.  
Honolulu 96821 OCMS



**Katsuki, Robert Y.** GP  
Creighton U. '35  
Elizabeth 737-0014  
1817 Wilhelmina Rise  
Honolulu 96816 OCMS - RET



**Kenessey, George E.** U\*  
302 California Ave., #208  
Wahiawa 96786 622-2300  
U. of Rochester '61  
Annabelle 689-8023  
91-067 Parish Dr.  
Ewo Beach 96706 OCMS



**Kandasamy, Ranjini**  
U. of Hawaii '84  
2525 Date St., #1201  
Honolulu 96826 OCMS - STU



**Kawaoka, Eric J.** PD  
Harbor UCLA Med. Ctr.  
1000 W. Carson St.  
Torrance, CA 90509 524-5544  
Cornell U. '74  
Esta  
OCMS



**Kepler, William G.** PD\*  
53 Puunene Ave.  
Kahului 96732 871-8611  
U. of Virginia '67  
Lu Ellen 572-8212  
R.R. 2, Box 185  
Haiku 96708 MCMS





# 1983 SUZUKI

*"Super Fun!"  
Our prescription  
for your  
relaxation  
and fun!*

The  
"MENEHUNES"  
Are Here!

Select  
"4WD"  
THE YEAR  
in Australia-



SJ410, Half metal door type  
Soft top or hard top,  
full or half steel door



**Maserati**

## Maserati "MERAK" <sup>ss</sup>

**MASERATI MERAK/SS** The Merak is a beautiful, modern mid-engine sports car fitted with a 3 litre double overhead cam V6 engine and equipped with a smooth, positive 5-speed gear box. It's flashy to look at and a pure delight to drive.

Available only at  
**MOTOR IMPORTS**  
650 Kapiolani Blvd/Phone 526-2688

**WAIPAHU A**  
94-729 FARRINGTON HWY PHONE



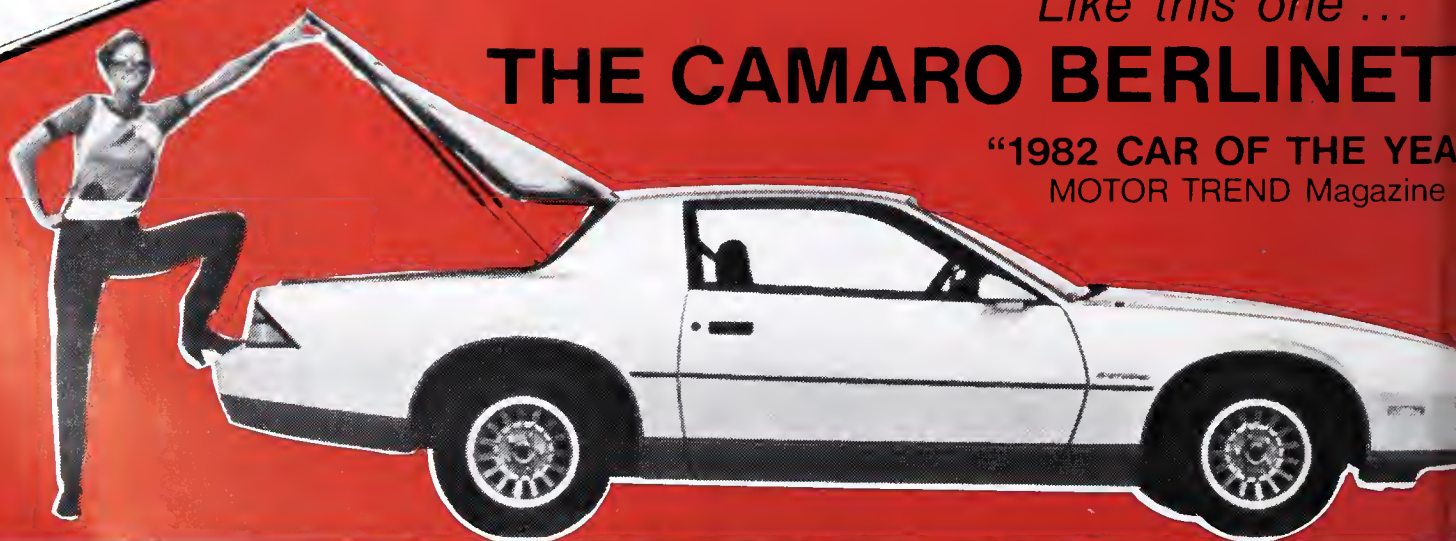
**SERVICE MOTORS WAHIA**

105 KAM HWY PH

*"There has never,  
ever,  
Been an American Car  
Like this one ...*

## THE CAMARO BERLINET

**"1982 CAR OF THE YEAR"**  
MOTOR TREND Magazine





Look like the success you are...

**YOU DESERVE  
THE BEST!**



**CELICA SUPRA**

*"Not only is the Supra the most exciting Japanese car in the last five years, it's the most exciting Toyota ever. It takes the right stuff to make a performance car. It takes the right stuff to win Motor Trend's Import Car of the Year for 1982 and Toyota has got the right stuff on both counts."*

MOTOR TREND MAGAZINE APRIL '82



**CLASSIC BEAUTY of TOYOTA CRESSIDA**

SEE IT TODAY AT YOUR TOYOTA DEALER

**TOYOTA**



PACIFIC, INC.





**Kern, Katherine E.**  
U. of Hawaii '84  
1735 Dale St., #310  
Hanalei 96822 OCMS - STU



**Kimata, Harold T.** OTO\*, OPH  
Tulane U. '36  
Josephine 732-5460  
4209 Kaimanahala St.  
Hanalei 96816 OCMS - RET



**Kobara, Thomas Y.** PTH\*, DMP\*  
1319 Punahou St.  
Hanalei 96826 949-2494  
Northwestern U. '66  
Tamika 595-6038  
39 Country Club Rd.  
Hanalei 96817 OCMS



**Kiehm, Leonard Y.H.** GS\*  
46-005 Kawa St., #306  
Kaneohe 96744 235-8184  
Lama Linda U. '71  
Nancy 261-2347  
163 Hauoli St.  
Kailua 96734 OCMS



**Kimoto, Gary T.** O8G  
1319 Punahou St., #950  
Hanalei 96826 946-5238  
U. of Hawaii '76  
2802 Paelua St.  
Hanalei 96822 OCMS



**Koenig, Allan C.** EM  
98-1010 Haukapila Rd.  
Aiea 96701 488-8431  
New Jersey Cal. of Med. '75  
Norma 261-2821  
1406 Aalapapa Dr.  
Kailua 96734



**Kim, Dukee** IM\*  
1441 Kapiolani Blvd., #1111  
Hanalei 96814 946-2157  
Northwestern U. '73  
Mary OCMS



**Kimura, David Y.** ORS\*  
848 S. Beretania St., #311  
Hanalei 96813 536-6674  
U. of Oregon '66  
Lynette  
1609 Laukahi St.  
Hanalei 96821 OCMS



**Koike, Masaru** U\*  
321 N. Kuakini St., #305  
Hanalei 96817 523-7007  
U. of Chicago '54  
May 988-6633  
2805 Oahu Ave.  
Hanalei 96822 OCMS



**Kim, John H.C.** IM\*, END  
1451 S. King St., #312  
Hanalei 96814 946-0567  
Howard U. '58  
Ishi Mitari  
6747 Hawaii Kai Dr.  
Hanalei 96825 OCMS



**Kimura, Minoru** FP  
Tulane U. '36  
595-3309  
2841 Pali Hwy.  
Hanalei 96817 OCMS - RET



**Kojak, George Jr.** P\*  
75-5706 Hanalei Pl., #205  
Kailua-Kona 96740 329-5038  
Baylor Cal. '67  
322-3343  
Keauhou Mauka, S. Kona  
Kailua-Kona 96740 WHMS



**Kim, Milton W.** FP  
U. of Hawaii '77  
P.O. Box 8521  
Hanalei 96815 OCMS - RES



**Kimura, Richard Y.** ORS\*  
1833 N. King St.  
Hanalei 96819 847-3967  
Tulane U. '69  
595-6123  
3690-3 Waakanaka St.  
Hanalei 96817 OCMS



**Kokame, Glenn M.** TS\*, GS\*  
321 N. Kuakini St., #307  
Hanalei 96817 523-6131  
Tulane U. '55  
Takaka 595-3364  
2330 Pikake Pl.  
Hanalei 96817 OCMS



**Kim, Peter** IM\*  
34208 Kuhia Hwy.  
Lihue 96766 245-4811  
Med. Cal. of Wisconsin '46  
Mary 822-4144  
4748 Iwaena Rd.  
Kapaa 96746 KCMS



**Kirkham, Lindsay Jack** PH, IM  
1250 Punchbowl St.  
Hanalei 96813 548-5935  
Washington U. '46  
Mary Ann 734-8758  
301 22nd Ave.  
Hanalei 96816 OCMS



**Kolonel, Laurence N.** GPM\*  
1236 Lauhala St., #407  
Hanalei 96813 548-8451  
Harvard Med. Sch. '68  
732-6776  
4970 Kilavea Ave., #302  
Hanalei 96816 OCMS



**Kim, Robert** D\*, DMP\*  
888 S. King St.  
Hanalei 96813 523-2311  
U. of Oregon '55  
May 373-3556  
195 Nenua St.  
Hanalei 96821 OCMS



**Kishida, Takeshi** AN  
321 N. Kuakini St., #306  
Hanalei 96817 537-3263  
Osaka U. '67  
Eika 839-2879  
321 N. Kuakini St., #306  
Hanalei 96817 OCMS



**Kometani, John T.** PD\*  
U. of Minnesota '39  
Elaine 595-3113  
1044 Alewa Dr.  
Hanalei 96817 OCMS - RET



**Kimata, George** OTO\*  
321 N. Kuakini St., #605  
Hanalei 96817 523-0402  
Tulane U. '58  
Mamie 595-4120  
203 Dawsett Ave.  
Hanalei 96817 OCMS



**Kistner, Robert L.** GS\*  
888 S. King St.  
Hanalei 96813 523-2311  
St. Louis U. '54  
Adelaide 373-1710  
126 Wailupe Cir.  
Hanalei 96821 OCMS



**Komura, Steven T.**  
U. of Hawaii '82  
677-8614  
94-348 Kipau St.  
Waipahu 96797 OCMS - RES





**Kong, Albert Y.T. Jr.** ORS\*  
 888 S. King St.  
 Honolulu 96813 523-2311  
 Jefferson Med. Col. '59  
 Corolyn 734-2987  
 1207 Hunokoi St.  
 Honolulu 96816 OCMS



**Kumar, Krishna** P\*  
 45-1144 Kam Hwy.  
 Koneohe 96744 235-6005  
 Mouluo Azod Med. Col. '66  
 Minal OCMS



**Kushi, Harold S.** OPH\*  
 Lomo Lindo U. '42  
 244-0139  
 157 Naniloa Dr.  
 Wailuku 96793 MCMS - RET



**Kong, Raymond F.**  
 Northwestern U. '25  
 949-8163  
 2367 University Ave.  
 Honolulu 96822 OCMS - RET



**Kunimoto, Allan R.** OPH\*  
 1126 S. King St.  
 Honolulu 96814 537-5935  
 Northwestern U. '65  
 Jean 538-7418  
 OCMS



**La Fon, Dorothy** CHP  
 Loyola U. '36  
 879-6584  
 2141 Awihi Pl., #4  
 Kihei 96753 MCMS - RET



**Kosasa, Thomas S.** OBG\*  
 1319 Punahou St., #801  
 Honolulu 96826 949-5305  
 McGill U. '71  
 949-5235  
 1212 Punahou St., #3506  
 Honolulu 96826 OCMS



**Kuninobu, Leonard S.** OPH  
 888 S. King St.  
 Honolulu 96813 523-2311  
 Lomo Linda U. '57  
 Shelley 235-3410  
 46-402 Holoono Way  
 Koneohe 96744 OCMS



**Lai, Patrick T.** IM  
 1481 S. King St., #400  
 Honolulu 96814 941-2244  
 Creighton U. '53  
 Corole OCMS



**Krieger, John A.** OBG\*  
 1319 Punahou St., #801  
 Honolulu 96826 955-0101  
 New York U. '51  
 OCMS



**Kuo, Philip H.** AI\*, PD\*  
 414 Uluniu St.  
 Kailua 96734 261-8345  
 Col. of Med. Not. Toiwan U. '67  
 Shu-Hui 947-9498  
 1965 Judd Hillside Rd.  
 Honolulu 96822 OCMS



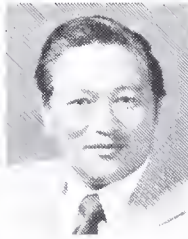
**Laird, Robert H.** PD\*  
 75-5759 Kuokini Hwy., #101  
 Kailua-Kona 96740 329-7067  
 U. of Tennessee '68  
 Leslie 329-5072  
 76-6174 Lehuo Rd.  
 Kailua-Kona 96740 WHMS



**Kubo, Katsuji** PS\*  
 550 S. Beretonia St.  
 Honolulu 96813 537-2211  
 U. of Calif.-L.A. '63  
 Elaine 235-3742  
 46-281 Kololi St.  
 Koneohe 96744 OCMS



**Kuramoto, Kikuo** IM  
 1010 S. King St., #102  
 Honolulu 96814 536-0975  
 Northwestern U. '46  
 Mory 737-8522  
 4999 Kaholo Ave.  
 Honolulu 96816 OCMS



**Lam, Frederick M.K. Jr.** FP\*  
 181 S. Kukui St.  
 Honolulu 96813 537-3311  
 St. Louis U. '47  
 Morie 946-2069  
 2512 Monoo Rd.  
 Honolulu 96822 OCMS



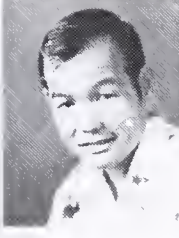
**Kubota, Earl A.** EM  
 888 S. King St.  
 Honolulu 96813 523-2311  
 Northwestern U. '76  
 Jocklyn 623-4264  
 94-221 Hokulewa Lp.  
 Mililani 96789 OCMS



**Kuramoto, Mitsuo** FP  
 Northwestern U. '39  
 Dr. Shizue 595-2854  
 2332 Pikoke Pl.  
 Honolulu 96817 OCMS - RET



**Lambeth, James T.** R\*  
 670 Pohonowoi St., #110  
 Hilo 96720 961-4211  
 U. of Chicago '61  
 Anh-Nguyet 964-5190  
 P.O. Box 76  
 Popaiahou 96781 HCMS



**Kuboyama, Roy F.** PD  
 2055 N. King St.  
 Honolulu 96819 841-4507  
 U. of Wisconsin '60  
 2620 Anuenue St.  
 Honolulu 96822 OCMS



**Kuramoto, Shizue K.** P  
 Tufts U. '35  
 Dr. Mitsuo 595-2854  
 2332 Pikoke Pl.  
 Honolulu 96817 OCMS - RET



**Larm, Peter** A, IM  
 1744 Liliha St., #304  
 Honolulu 96817 537-9582  
 U. of Erlangen '58  
 Haruko 737-9937  
 1441 Pueo St.  
 Honolulu 96816 OCMS



**Kuge, Mark T.** IM\*  
 1481 S. King St., #309  
 Honolulu 96814 947-2844  
 U. of Calif.-S.F. '69  
 Lois 734-5078  
 548 Ahino St.  
 Honolulu 96816 OCMS



**Kurohara, Kevin K.**  
 U. of Hawaii '84  
 1452 Liholiho St., #405  
 Honolulu 96822 OCMS - STU



**Larsen, Ivar J.** ORS\*  
 Cornell U. '39  
 Frances 734-8737  
 216 Kulomonu Pl.  
 Honolulu 96816 OCMS - RET





**Larson, Leif J.**  
U. of Howoii '84  
2754 Kuilei St., #1806  
Honolulu 96826 OCMS - STU



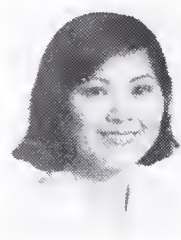
**Lau, Richard K.Y. Jr.**  
U. of Howoii '84  
3673 Hilo Pl.  
Honolulu 96816 OCMS - STU



**Lee, Kenneth K.H.** IM\*  
1833 N. King St.  
Honolulu 96819 847-6574  
U. of Singapore '71  
Judith  
7057 Niumalu Lp.  
Honolulu 96825



**Lau, Bennett M.K.** PS\*, GS\*  
1380 Lusitono St., #702  
Honolulu 96813 524-1551  
Lomo Lindo U. '55  
2817 Monoo Rd.  
Honolulu 96822



**Lau, Shigeko Okamoto** PD\*, PHO  
98-1247 Koohumonu St.  
Aieo 96701 487-2477  
U. of Michigan '76  
Alon 737-0979  
2336 Ahomoko Wy.  
Honolulu 96821 OCMS



**Lee, Philip J.W.** R\*  
1507 S. King St., #101  
Honolulu 96826 949-5938  
Creighton U. '51  
Terry 396-6693  
5931 Kalaniana'ole Hwy.  
Honolulu 96821 OCMS



**Lau, Edward K.** GS\*  
1374 Nuunu Ave.  
Honolulu 96817 533-4271  
Morquette U. '43  
Elsie 595-3908  
17 Kepolo Pl.  
Honolulu 96817 OCMS



**Lau, Thomas K.L.** IM, ON  
2228 Liliho St., #105  
Honolulu 96817 538-1929  
St. Louis U. '54  
Thereso 595-3329  
14 Kimo Dr.  
Honolulu 96817 OCMS



**Lee, Richard K.C.** PH\* D  
1777 East-West Rd.  
Honolulu 96822 944-7415  
Tulane U. '33  
Alovono 988-4350  
2738 Monoo Rd.  
Honolulu 96822 OCMS



**Lau, H. Lorrin** O8G, NPM, END  
1319 Punohou St.  
Honolulu 96826 947-8511  
Johns Hopkins U. '58  
Maureen 737-0346  
925 14th Ave.  
Honolulu 96816 OCMS



**Lawson, Harold G.** FP\*, GS  
444 Uluniu St.  
Koiloa 96734 261-0802  
Lomo Linda U. '49  
Betty 262-4452  
60 S. Kalaheo Ave.  
Koiloa 96734 OCMS



**Lee, Robert C. Jr.** OPH  
1111 Bishop St., #500  
Honolulu 96813 536-0400  
Jefferson Med. Col. '54  
Roberta 595-4942  
10 Kimo Dr.  
Honolulu 96817 OCMS



**Lau, Jeffrey M.** TS, GS\*  
2228 Liliho St., #304  
Honolulu 96817 537-1974  
Tulane U. '73  
Dione 595-3908  
3280 Kaohinoni Dr.  
Honolulu 96817 OCMS



**Lawson, Scott R.**  
1356 Lusitono St.  
Honolulu 96813  
Jefferson Med. Col. '81  
OCMS - RES



**Lee, Roberta E.**  
U. of Howoii '84  
3847A Noeou St.  
Honolulu 96816 OCMS - STU



**Lau, Joseph F.C.** OTO  
Hahnemann Med. Col. '36  
Floro 373-1765  
134 Kaai St.  
Honolulu 96821 OCMS - RET



**Lee, Curtis W.**  
U. of Howoii '84  
1050 Kinou St., #508  
Honolulu 96814 OCMS - STU



**Lee, Ronald O.** IM  
1520 Liliho St., #703  
Honolulu 96817 531-7938  
U. of Howoii '79  
Annie 946-0988  
2754 Kuilei St., #1701  
Honolulu 96826 OCMS - RES



**Lau, Lawrence I. Jr.** GP  
94-235 Leoku St.  
Waipahu 96797 671-5773  
Stonford U. '52  
Alono 488-2323  
98-1404 Koonohi St.  
Aieo 96701 OCMS



**Lee, Ernest K.H.** CD, IM\*  
1441 Kopioloni Blvd., #610  
Honolulu 96814 955-5929  
Morquette U. '62  
OCMS



**Lee, S. Thomas** AN\*  
1380 Lusitono St., #709  
Honolulu 96813 533-3866  
Taiwan U. '53  
Margaret 947-4973  
1920 Alo Moono, #808  
Honolulu 96815 OCMS



**Lau, Richard C.** IM  
1314 S. King St., 4th Fl.  
Honolulu 96814 531-8011  
Creighton U. '74  
OCMS



**Lee, Jeffrey J.K.**  
U. of Howoii '84  
2860 Poeluo St.  
Honolulu 96822 OCMS - STU



**Lee, Terry M.**  
1960 East-West Rd.  
Honolulu 96822 948-8300  
U. of Howoii '84  
922-6789  
2465 Alo Woi Blvd., #603  
Honolulu 96815 OCMS - STU





**Lee, Ung** 08G\*  
 101 Hualalai St.  
 Hilo 96720 935-7477  
 Med. Cal. Yansei U. '65  
 Eunsoak 935-9283  
 548 Kaanini Cir.  
 Hilo 96720 HCMS



**Lee, Winfred Y.** IM\*, NM\*, END\*  
 1441 Kapiolani Blvd., #1111  
 Honolulu 96814 946-2157  
 Northwestern U. '55  
 536-0234  
 1940 Nehaa Pl.  
 Honolulu 96822 OCMS



**Lee, Worldster** OPH\*  
 2228 Liliha St., #106  
 Honolulu 96817 524-1010  
 Northwestern U. '69  
 Patricia 531-4484  
 1075 Karratti Ln.  
 Honolulu 96822 OCMS



**Lehman, Carl W.** A\*, PD\*  
 615 Piikoi St., #1411  
 Honolulu 96814 521-2712  
 U. of Kansas '64  
 Caroline 373-9396  
 1592 Kalanika Cr.  
 Honolulu 96821 OCMS



**Leong, Demetria C.Q.**  
 U. of Hawaii '85  
 1235 Rycraft St.  
 Honolulu 96814 OCMS - STU



**Levin, Melvin H.** IM\*, RHU  
 1380 Lusitana St., #608  
 Honolulu 96813 536-2261  
 U. of Calif.-L.A. '44  
 Clarice 395-6724  
 6801 Hapuna Pl.  
 Honolulu 96825



**Lewin, John C.** FP  
 Kula Hospital  
 Kula 96790 878-1221  
 U. of Southern Calif. '71  
 Sandra  
 523 Lower Kima Dr.  
 Kula 96790 MCMS



**Lewis, Harold** GS\*  
 1292 Waiuanue Ave.  
 Hilo 96720 961-6631  
 U. of Illinois '52  
 June 935-4333  
 48 Makakai Pl.  
 Hilo 96720 HCMS

# TRUST BISHOP TRUST

**to protect the good things for you.**

For over three quarters of a century, Bishop Trust officers have been protecting the assets of trusts and estates for which taxes are a serious problem. More than one billion two hundred million dollars worth of such assets are already entrusted to the care of Bishop Trust professionals.

You can probably reduce the tax impact on your own assets—and enjoy a new level of peace of mind—by doing something about it now. At your convenience, an experienced financial consultant can help you build your financial future and that of your loved ones with a personal financial analysis. You determine the time, choose from the options, and set the rules.

It's easy to take the first step. Call a trust officer at 523-2111, or send for Bishop Trust's folder, "Your Personal Financial Analysis." Or simply stop in at the Bishop Trust Building and pick up a copy.

Trust Bishop Trust to protect the good things for you.

## BISHOP TRUST CO. LTD.

Bishop & King Streets / P.O. Box 2390  
 Honolulu, Hawaii 96804 / (808) 523-2111  
 In Hilo & Kona  
 64 Keawe Street / Hilo, Hawaii 96720 / (808) 935-3737







**Lezak, Myron B.** GE\*, IM\*  
419 Uluniu St.  
Kailua 96734 261-7933  
U. of Chicago '69  
Nancy 262-7158  
186 Pouohiloni Pl.  
Kailua 96734 OCMS



**Li, F.C.** 08G\*  
2525 S. King St., #811  
Honolulu 96826 941-1577  
U. of Hong Kong '65  
Alice 395-2510  
335 Poipu Dr.  
Honolulu 96825 OCMS



**Li-Ma, Gaylyn G.L.** 08G  
1380 Lusitana St., #808  
Honolulu 96813 538-1194  
Jefferson Med. Col. '78  
Poul Mo, Jr. 946-0646  
2035 Komehomeho Ave.  
Honolulu 96822 OCMS



**Liao, Shun-Kwung** GS\*  
1380 Lusitana St., #507  
Honolulu 96813 524-5940  
Koohsung Toku Med. Col. '62  
Jui-Chun 949-2326  
2126 Kokelo Iki Pl.  
Honolulu 96822 OCMS



**Lichtenberger, Erik J.**  
U. of Hawaii '85 737-1695  
4956 Kiloueo Ave., #2  
Honolulu 96816 OCMS - STU



**Lichter, Rowlin L.** ORS\*  
50 S. Beretonia St., #C211A  
Honolulu 96813 533-1882  
Northwestern U. '50  
Barbara 955-1777  
2545 Sonoma Pl.  
Honolulu 96822 OCMS



**Liese, Grover J.** DR\*  
1301 Punchbowl St.  
Honolulu 96813 547-4711  
Washington U. '52  
Joon 395-9524  
80 Honopepe Lp.  
Honolulu 96825 OCMS



**Liljestrand, P. Howard** FP, GS  
Harvard Med. Sch. '37  
Betty 537-3116  
3300 Tontolus Dr.  
Honolulu 96822 OCMS - RET



**Lim, Djon Indra** CD  
1292 Woionuenue Ave.  
Hilo 96720 961-6631  
U. of Rochester '70  
Sherry 935-3152  
1755 Wailuku Dr.  
Hilo 96720 HCMS



**Lim, Sigdian S.** OT0\*, A  
1697 Alo Moana  
Honolulu 96815 949-5811  
U. of Santo Tomas '53  
Madeleine 395-6168  
678 Lunailo Home Rd.  
Honolulu 96825 OCMS



**Limpisvasti, Panu** RHU\*, IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
Chiangmai U. '68  
Potomos 524-1448  
OCMS



**Lin, Paul Y.K.** FP  
98-211 Poli Momi St., #830  
Aieo 96701 487-5527  
New York Med. Col. '65  
Lorno 737-5970  
1954 Poula Dr.  
Honolulu 96816 OCMS



**Lind, Dennis B.** P\*  
1441 Kopiolani Blvd., #907  
Honolulu 96814 949-6418  
Boston U. '66  
Judy 735-1135  
1094 Mokoio St.  
Honolulu 96816 OCMS



**Lindberg, Robert F.** ORS\*  
888 S. King St.  
Honolulu 96813 523-2311  
Cornell U. '61  
Potricio 261-2033  
175 Koiluono Pl.  
Kailua 96734 OCMS



**Lipp, Edward B. Jr.** ORS\*, HS\*  
30 Aulike St., #506  
Kailua 96734 261-4658  
Jefferson Med. Col. '60  
Kothryn 261-2525  
OCMS



**Liu, Gordon F.H.** IM  
2244D Liliha St.  
Honolulu 96817 595-3233  
Jefferson Med. Col. '48  
Annette 373-2566  
1252 Kaloniiki St.  
Honolulu 96821 OCMS



**Liu, Rit** GS  
P.O. Box 36  
Kailua-Kona 96740 322-9198  
Chulalongkorn U. '68  
Yupodee 329-9594  
P.O. Box 36  
Kailua-Kona 96740 WHMS



**Livingstone, David** FP\*  
45-602 Kam Hwy.  
Kaneohe 96744 247-0486  
Southwestern U. '72  
Beth 247-5916  
46-381 Kumoo Lp.  
Kaneohe 96744 OCMS



**Lo, Pershing S.** P\*  
1350 S. King St., #305  
Honolulu 96814 538-3567  
U. of Michigan '48  
Cecelio 946-4930  
2038 Uolakaa St.  
Honolulu 96822 OCMS



**Lockett, Lawrence J.** PTH\*  
888 S. King St.  
Honolulu 96813 523-2311  
Queens U. '66  
Trudi  
45-178 Kokokahi Pl.  
Kaneohe 96744 OCMS



**Lodi, Thomas L.**  
U. of Hawaii '85  
4300 Woiole Ave., #1703A  
Honolulu 96816 OCMS - STU



**Loh, Kevin** IM\*, ON\*, HEM  
1380 Lusitana St., #612  
Honolulu 96813 524-6115  
U. of Hong Kong '70  
Edith 373-9792  
1815 Kumokoni Pl.  
Honolulu 96821 OCMS



**Loo, Cyrus W.** D\*, PYM  
1124 Alokeo St.  
Honolulu 96813 537-9413  
U. of Cincinnati '43  
Amy 536-6383  
2727 Kolonohe Pl.  
Honolulu 96813



**Loo, Walter S.L.** GP  
197 Kinoole St.  
Hilo 96720 935-8212  
Tulane U. '37  
Roweno 935-1895  
230 Koiulani St.  
Hilo 96720 HCMS



# OFFICE REMEDIES.

*Circa 1947*



Office automation is our business. EMA has taken care of your office needs for over twenty-eight years.

EMA will diagnose and treat symptomatically—systematically. EMA word processing systems, telecommunications systems, accounting and bookkeeping

systems, and copiers are the treatments and cures for the bureaucratic ailments in your office.

Medical technology and office automation. EMA can't predict future office epidemiology but we have the vaccine for your office blues today.

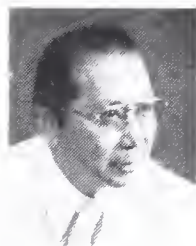


**OFFICE MACHINES**

**488-7781**

Earle M. Alexander, Ltd. 99-1046 Iwaena Street/1111 Bishop Street (Investors Finance Building), Honolulu, Hawaii  
Since 1954





**Loui, Wallace** GS\*, TS\*  
410 Atkinson Dr., #433  
Hanalei 96814 946-2975  
Temple U. '51 923-7212  
3124 Nalea Dr.  
Hanalei 96815 OCMS



**Luke, Leslie** GP  
1531 S. Beretania St., #302  
Hanalei 96826 949-3337  
Temple U. '37  
Eleanor 732-3387  
4031 Black Point Rd.  
Hanalei 96816 OCMS



**Lundborg, Richard O.** AN\*  
1190 Waianuenue Ave.  
Hale 96720 961-4211  
U. of Minnesota '59  
Ja 935-3937  
66 Makakai Pl.  
Hale 96720 HCMS



**Lowrey, John J.** NS\*  
Harvard Med. Sch. '40  
Catherine 882-7635  
P.O. Box 4302  
Kauai 96743 OCMS - RET



**Lum, Carl H.** GS\*  
1441 Kapiolani Blvd., #608  
Hanalei 96814 946-8396  
U. of Illinois '54  
Lillian 595-6474  
4009 Poli Hiwa Pl.  
Hanalei 96817 OCMS



**Luning, Alan K.** FP  
45-939 Kam Hwy.  
Kaneohe 96744 247-0424  
Creighton U. '55  
Jean 247-5167  
640 Auwina  
Kailua 96734 OCMS



**Lozada, Guido** PS, GS  
321 N. Kuakini St., #601  
Hanalei 96817 523-9474  
U. of Nac. San Austin '73  
Ann 455-5796  
98-1693-A Kaahumanu St.  
Aiea 96701 OCMS



**Lum, Chew Mung** IM\*  
1441 Kapiolani Blvd., #1111  
Hanalei 96814 946-2157  
Northwestern U. '48  
Pauline 595-2765  
2452A Burbank St.  
Hanalei 96817 OCMS



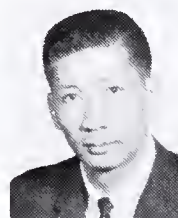
**Lutz, Robert D.** GP  
1777 Ala Moana, #216  
Hanalei 96815 949-7581  
Kansas City Cal. of Ost. '63  
Donna 955-3468  
469 Ena Rd., #2612  
Hanalei 96815 OCMS



**Ludwig, Gerrit** OPH\*  
120 Pauahi St., #305  
Hale 96720 935-1030  
U. of Oregon '65 935-1287  
Wailuku Dr.  
Hale 96720 HCMS



**Lum, Edmund C.K.** ORS  
2228 Liliha St., #200  
Hanalei 96817 531-7211  
Northwestern U. '47  
Florence 734-7628  
3889 Pakopahu Pl.  
Hanalei 96816 OCMS



**Ma, Gabriel W.C.** ORS\*  
1380 Lusitana St., #214  
Hanalei 96813 524-7333  
U. of Sydney '58  
Frances 595-3561  
3501 Kohawalu Dr.  
Hanalei 96817 OCMS



**Lui, Robert J.** OBG  
2302 S. Beretania St.  
Hanalei 96816 946-4541  
U. of Hawaii '77  
Kathy OCMS



**Lum, Kwong Yen** P\*  
1380 Lusitana St., #909  
Hanalei 96813 533-1711  
Columbia U. '55  
Dorothy 949-6716  
2015 Lanihuli Dr.  
Hanalei 96822 OCMS



**Ma, Lucy** OBG\*  
Cheeloo U. Sch. of Med. '37  
Dr. K.S. Fang 737-7080  
3692 Diamond Head Cr.  
Hanalei 96815 OCMS - RET



**Luke, Bruce I.** OBG  
99-128 Aiea Hts. Dr., #209  
Aiea 96701 487-6411  
Rush Med. Col. '73  
Lesley 373-4938  
4988 Paala St.  
Hanalei 96821 OCMS



**Lum, Wayne Y.H.** IM  
2228 Liliha St., #302  
Hanalei 96817 533-4619  
Temple U. '74 949-1815  
2561 Manoa Rd.  
Hanalei 96822 OCMS



**Maag, Frederick F.** D\*, DMP\*  
1111 Bishop St., #515  
Hanalei 96813 528-1717  
U. of Zurich '56  
Reta 732-6215  
1522 Bertram St.  
Hanalei 96816 OCMS



**Luke, Herbert K.N.** GS\*, OM  
848 S. Beretania St.  
Hanalei 96813 533-4441  
St. Louis U. '54  
Faith 988-7406  
OCMS



**Lumeng, James** PTH\*, IM\*, ON\*  
2230 Liliha St.  
Hanalei 96817 547-6289  
U. of Southern Calif. '62  
Brenda 262-6403  
1205 Lala Way  
Kailua 96734 OCMS



**MacDonald, William A.** GS\*  
Kirksville Col. Osteopath. '37  
Virginia 528-2355  
#2004 Harbor Square  
Hanalei 96813 MCMS - RET



**Luke, Hing Biu** FP\*  
1485 S. King St., #543  
Hanalei 96814 946-6077  
Loyola U. '34 536-8394  
1001 Wilder Ave., #1005  
Hanalei 96822 OCMS



**Lummis, Wilbur S. Jr.** IM, PH  
Northwestern U. '41  
Velma 941-9663  
469 Ena Rd., #207  
Hanalei 96815 OCMS - RET



**Machigashira, Harold T.** FP\*  
415 Uluniu St., #C  
Kailua 96734 261-1715  
U. of Wisconsin '69  
Darothy OCMS





**Mac Innes, Frederic C.** PTH<sup>+</sup>  
 Box 652  
 Kealahakua 96750 322-9114  
 Dalhousie U. Fac. of Med. '58  
 Lourie 329-3614  
 Box 1902  
 Kealahakua 96750 WHMS



**Madamba, Glorio M.** IM  
 888 S. King St.  
 Honolulu 96813 523-2311  
 For Eastern U. '67  
 Dr. Jose 737-0129  
 1633 Alencastre St.  
 Honolulu 96816 OCMS



**Maedo, Thomas H. Jr.** OPH<sup>+</sup>  
 1481 S. King St., #427  
 Honolulu 96814 949-0021  
 Baylor Col. '62  
 Ellen 737-5236  
 4249 Puu Ponini Ave.  
 Honolulu 96816 OCMS



**Maedo, Thomas H. Sr.** FP, GS  
 Lomo Lindo U. '33  
 Mory 737-0467  
 4773 Moa St.  
 Honolulu 96816 OCMS - RET



**Moehara, Dennis I.** OPH<sup>+</sup>  
 1010 S. King St., #701  
 Honolulu 96814 536-0088  
 Tulane U. '66  
 Patricia 922-1510  
 439 Wyllie St.  
 Honolulu 96817 OCMS



**Moehoro, Robert T.** AN  
 2600 Puolani Way, #901  
 Honolulu 96815 536-5728  
 Loyola U. '65  
 922-1510  
 2600 Pualani Way, #901  
 Honolulu 96815 OCMS



**Moffei, Rudolph J.** GS  
 P.O. Box 1067  
 Waiopahu 96797 671-3931  
 Washington U. '48  
 488-2786  
 99-1066 Manako St.  
 Aieo 96701 OCMS



**Magliulo, Anthony F.**  
 1356 Lusitana St.  
 Honolulu 96813  
 U. of Hawaii '81 OCMS - RES



**Magnier, Eugene A.H.** CD<sup>+</sup>, IM<sup>+</sup>  
 99-128 Aiea Hts. Dr., #405  
 Aieo 96701 487-6439  
 Temple U. '62  
 Mory Anne 734-8161  
 2607 Hokekoo Dr.  
 Honolulu 96821 OCMS



**Mogoun, Thotcher** GS<sup>+</sup>  
 3420 Kuhia Hwy.  
 Lihue 96766 245-4811  
 Temple U. '63  
 Nino 322-9430  
 Palalino Rd.  
 Kalaheo KCMS



**Mamiyo, Richard T.** GS<sup>+</sup>, TS<sup>+</sup>  
 1380 Lusitana St., #710  
 Honolulu 96813 538-7322  
 St. Louis U. '54  
 Hazel 373-0698  
 6015 Kalanianoole Hwy.  
 Honolulu 96821 OCMS



**Mar, Thomas** PD  
 New York Med. Col. '40  
 329-1500  
 P.O. Box 98  
 Kailua-Kona 96740 HCMS - RET

—Advertisement—



## FINANCIAL HEALTH IN THE 80's

by George Barnitt, Ph.D., President,  
The Clients Consulting Corporation

This year, according to A.M.A. sources, many of the new medical practices opened in the United States (as well as some old ones) closed their doors. Are the chances for success so slim in the '80s? Or does the "average" private practice still have a chance?

We are generally optimistic about the private practice in Hawaii, but owning a medical practice in the '80s is not as easy as it was in the '60s or even the '70s. INTENTION has always been a significant ingredient in the success of any health care service. However, in the 80s, we need to add ATTENTION to INTENTION—daily doses of attention to the details of running the "business" elements of a medical practice.

This column is about one important element needing attention, namely, accounting information and specialized statistics on practice characteristics.

### THE FINANCIAL REVIEW:

Every medical practice, whether a solo physician or group, needs to have at least monthly business meetings so that the practice will have regular owner attention. The first agenda item at such a meeting should be a review of the previous month's financial reports. Ideally this meeting will be around mid-month so that the information is current and worthy of attention.

The careful review includes a discussion of any variations from practice budget figures and an analysis of income or expense items which are unusually high or low. Questions will develop from such a review helping to assure that the practice's owners are in fact on top of its finances.

A monthly profit and loss statement and balance sheet are a MUST for most practices. However, in addition to information from said accounting documents it is necessary that a successful practice also have generated managerial statistics assisting the owner-doctor to know as closely as possible what the health of his organization is. This includes knowing how many patients have been seen, where they came from, how they paid or did not pay, plus other data specific to particular practice.

If you are not including a monthly financial and statistical review in your practice, you may be facing potential problems. Take steps with your accountant or bookkeeper to get this information to you on time. Not only will you be in a better position to give ATTENTION to your practice, but you will also enjoy thinking in a more orderly way about your practice.

And if you need help call The Clients Consulting Corporation at 524-5336.





**Marks, Robert H.** IM\*  
Albany Med. Col. '31  
538-6564  
1520 Ward Ave., #1302  
Honolulu 96822 OCMS - RET



**Matayoshi, Eric**  
U. of Hawaii '82  
944-8133  
2525 Date St., #1001  
Honolulu 96826 OCMS - RES



**Matsuura, Pamela K.**  
948-8300  
John A. Burns Sch. of Med.  
U. of Hawaii '85  
988-2049  
3086 Puhala Rise  
Honolulu 96822 OCMS - STU



**Marr, James D.** GS  
2180 Main St.  
Wailuku 96793 242-6464  
Ohio State U. '75  
Carol  
R.R. 1, Box 383, #202  
Wailuku 96793 MCMS



**Matayoshi, James K.** FP  
41 Hoku St.  
Hila 96720 935-1403  
U. of Minnesota '56  
Lilian  
59 Hoku St.  
Hila 96720 HCMS



**Matsuura, Ruth H.** PD\*, A  
670 Panahawai St., #214  
Hila 96720 935-2841  
U. of Calif.-S.F. '54  
Richard  
131 Halai St.  
Hila 96720 HCMS



**Marshall, Donald C.** PD\*  
Stanford U. '30  
293-9184  
54-001 Kahikale Pl.  
Hauula 96717 OCMS - RET



**Mateus, Francy M.** P  
803 Kamehameha Hwy., #411  
Pearl City 96782 455-8811  
U. of Santo Tomas '67  
98-1701B Kaahumanu St.  
Aiea 96701



**Matsuyama, Eugene S.** IM\*  
2525 S. King St., #306  
Honolulu 96826 949-4747  
U. of Minnesota '65  
Jayne  
850 Onaha St.  
Honolulu 96816 OCMS



**Martin, Curtice T.** D\*  
98-1010 Haukapila Rd.  
Aiea 96701 488-8431  
U. of Oregon '67  
262-9714  
20 Kumani Kai Pl.  
Kailua 96734 OCMS



**Mathias, Deborah L.** GP  
2180 Main St.  
Wailuku 96793 242-6464  
U. of Saskatchewan '77  
David  
P.O. Box 328  
Makawae 96768 MCMS



**Matsuyama, Satoru** FP\*  
U. of Minnesota '31  
Harriet  
2602 Liliha St.  
Honolulu 96817 OCMS - RET



**Martin, William H.** IM\*, END\*, DIA\*  
839 S. Beretania St.  
Honolulu 96813 531-6471  
U. of S. Carolina '75  
262-6404  
981 Aalapapa Dr.  
Kailua 96734



**Matsubara, Rodney S.** DR  
1190 Waiianue Ave.  
Hila 96720 961-4211  
U. of Washington '71  
Kathleen  
HCMS



**Mauricio, Denny G.**  
U. of Hawaii '85  
3045 Puolei Cr., #209  
Honolulu 96815 OCMS - STU



**Maruyama, Donald K.** ORS\*  
321 N. Kuakini St., #309  
Honolulu 96817 531-0502  
Northwestern U. '57  
Harriet  
1141 Waikui Pl.  
Honolulu 96821 OCMS



**Matsui, Adelina V.** IM, END  
415 Uluniu St., #D  
Kailua 96734 262-6593  
U. De Minas Gerais '50  
Dr. Masata  
500 University Ave., PH2  
Honolulu 96826 OCMS



**May, Robert L.** R\*  
888 S. King St.  
Honolulu 96813 523-2311  
Case Western Reserve U. '63  
Connie  
7152 Kukii St.  
Honolulu 96825 OCMS



**Marvit, Robert C.** P\*  
1110 University Ave., #510  
Honolulu 96826 941-4707  
Tufts U. '64  
737-9301  
929 Puea St.  
Honolulu 96816 OCMS



**Matsumura, J.** FP  
U. of Maryland '29  
935-1544  
53 Hina St.  
Hila 96720 HCMS - RET



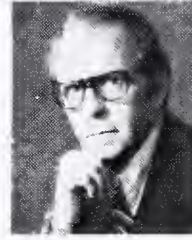
**Mayfield, Gerald W.** ORS\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Colorado '60  
Shirley  
1647 Ahuwaia Lp.  
Honolulu 96816 OCMS



**Massey, Douglas G.** PUD\*  
347 N. Kuakini St.-Pulmonary Serv.  
Honolulu 96817 547-9532  
U. of Toronto '51  
Dr. Gisele  
4523 Aukai Ave.  
Honolulu 96816 OCMS



**Matsuoka, Edward T.** OBG\*  
1380 Lusitana St., #1015  
Honolulu 96813 531-5777  
Med. Col. of Virginia '41  
Mary  
1138 Waiianiani Pl.  
Honolulu 96821 OCMS



**McCabe, Michael J.** NM\*, R\*  
888 S. King St.  
Honolulu 96813 523-2311  
Yale U. '59  
2723 Tantalus Dr.  
Honolulu 96813 OCMS





**McCollin, Paul F.** 08G\*  
1697 Ala Moana  
Honolulu 96815 949-5811  
U. of Colorado '47  
Irene 373-4287  
56 Nihi St.  
Honolulu 96821 OCMS



**McCorthy, Lawrence J.** PTH\*, FOP  
347 N. Kuokini St.  
Honolulu 96817 547-9496  
Harvard Med. Sch. '60  
Cynthia 261-6793  
249 Kaelepulu Dr.  
Kailua 96734 OCMS



**McCleory, Donno L.** PD  
99 S. Market St.  
Wailuku 96793 944-9104  
Med. Col. of Penn. '72  
Robert 877-7277  
245 S. Mokapu St.  
Kohului 96732 MCMS



**McCollum, Kenneth B.** AN\*  
P.O. Box 849  
Wailuku 96793 442-5553  
U. of Texas '55  
Potricia Peltier 244-3165  
P.O. Box 849  
Wailuku 96793 MCMS



**McCorriston, Colin C.** 08G\*  
888 S. King St.  
Honolulu 96813 523-2311  
Harvard Med. Sch. '39  
Helen 949-7224  
2132 Atherton Rd.  
Honolulu 96822 OCMS



**McDermott, John F. Jr.** P\*, CHP\*  
1356 Lusitono St.  
Honolulu 96813 548-3420  
New York Med. Col. '55  
Solly  
1950 Judd Hillside Rd.  
Honolulu 96822 OCMS



**McDevitt, Jeffrey B.** FP  
P.O. Box 5  
Kealahakua 96750 322-9328  
U. of Colorado '71  
Majorie 325-6333  
P.O. Box 5  
Kealahakua 96750 WHMS



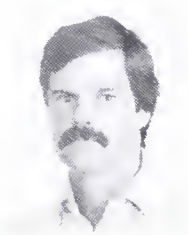
**McDonold, John A.** EM\*  
Dept. of Med. Tripler AMC  
Tripler AMC, 96859 433-5249  
U. of Chicago '71  
Tsoi-Yon 373-4036  
1812 Kumokoni Pl.  
Honolulu 96821



**McDonnell, John T.** AI\*, PD\*  
46-005 Kowa St., #306  
Koneohe 96744 247-6070  
New Jersey Med. Sch. '71  
261-8260  
6 N. Kalaheo Ave.  
Kailua 96734 OCMS



**McEwan, Dovid B.** FP\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
U. of Manitoba '72  
OCMS



**McGuire, James P.** 08G  
1481 S. King St., #523  
Honolulu 96814 949-5308  
Baylor Col. '73  
735-2161  
1665 Bertram St.  
Honolulu 96816 OCMS



**McIver, William B.** AN\*  
Box 1023  
Wailuku 96793 242-5851  
U. of Alberta '68  
Lillian 878-6132  
R.R. 1, Box 541  
Kulo 96790 MCMS



**McKenzie, William F.** 08G\*  
925 Kiloni Ave., #2  
Wahiawa 96786 622-3183  
U. of Texas '67  
Linda 623-5241  
94-118 Auhaku Pl.  
Mililani 96789 OCMS



**McKnight, Lorry C.** IM\*  
3420 Kuhio Hwy.  
Lihue 96766 245-4811  
U. of Calif.-Irvine '70  
Terry 828-1447  
P.O. Box 236  
Kiloueo 96754



**McNally, Peter S.**  
U. of Hawaii '82  
1719E 10th Ave.  
Honolulu 96816 OCMS - RES



**McNamara, J. Judson** CDS\*, TS\*, GS\*  
138D Lusitana St., #912  
Honolulu 96813 524-5980  
Washington U. '63  
Tomi  
3475 Paty Dr.  
Honolulu 96822 OCMS



**McNamee, Philip I.** 08G\*  
1319 Punahou St., #980  
Honolulu 96826 955-2222  
Stanford U. '62  
Carol 373-3201  
17D Wailupe Dr.  
Honolulu 96821 OCMS




**Mebane, John C.** P\*, OM  
40 Hino St.  
Hilo 96720 935-1461  
U. of Pennsylvania '47  
Midge 935-1461  
40 Hino St.  
Hilo 96720 HCMS



**Mehto, Bol Raj** IM\*, PUD\*  
1697 Alo Maana  
Honolulu 96815 949-5811  
Amritsar Med. Col. '49  
Dionne 395-8987  
995 Kopa Pl.  
Honolulu 96825 OCMS



**Mertz, James L.** PD\*  
3D Aulike St., #201  
Kailua 96734 262-6946  
Carnell U. '52  
Elizabeth 262-4963  
83 Kailuono Pl.  
Kailua 96734 OCMS



# PEQEX

NEW & RECONDITIONED  
MEDICAL EQUIPMENT  
FOR SALE

- WE WILL PURCHASE YOUR EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT

PHYSICIAN'S EQUIPMENT EXCHANGE, INC.

866 IWILEI RD., 207/HONOLULU, HI 96817

## 537-2724





**Mickey, John V.** IM  
888 S. King St.  
Honolulu 96813 523-2311  
Duke U. '76  
OCMS



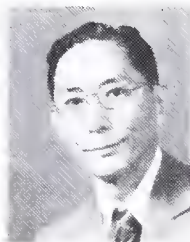
**Minami, Arlene H.**  
U. of Howoii '81  
1551 Thurston Ave., #85  
Honolulu 96822 OCMS - RES



**Miura, Calvin M.** OPH\*  
641 Keeoumoku St., #7  
Honolulu 96814 947-2233  
Tulone U. '63  
Beth 395-4551  
7251 Kuohono St.  
Honolulu 96825 OCMS



**Miewald, John R.** O8G\*  
1325 S. Kihei Rd.  
Kihei 96753 879-7781  
U. of Oregon '58  
8orboro 242-6503  
711 Woiupe Dr.  
Wailuku 96793 MCMS



**Minatoya, Wilfred T.** OPH\*  
1003 Pensacola St.  
Honolulu 96814 537-6151  
Northwestern U. '34  
Gertrude 946-2774  
2320 Momane Pl.  
Honolulu 96822 OCMS



**Miyahira, Willard Y.** DIA, END  
321 N. Kuakini St., #200  
Honolulu 96817 523-8611  
St. Louis U. '58  
Dr. Dixie  
926 Woiiki St.  
Honolulu 96821 OCMS



**Miles, Alexander Scott K.** CD, IM\*  
670 Ponohowoi St., #208  
Hilo 96720 935-0074  
Creighton U. '65  
HCMS



**Mirikitani, Carl M.** OTO\*  
1010 S. King St., #111  
Honolulu 96814 537-9558  
U. of Wisconsin '40  
732-0357  
225 Koolowoi Pl.  
Honolulu 96815 OCMS



**Miyamoto, Kazuo** FP  
Woshington U. '27  
533-3355  
1520 Ward Ave., R704  
Honolulu 96822 OCMS - RET



**Millard, Robert D.** FP\*  
U. of Pennsylvania '22  
538-1390  
2990 Pofic Hts. Rd.  
Honolulu 96813 OCMS - RET



**Mirikitani, Clifford K.** GS\*, TS\*  
1010 S. King St., #111  
Honolulu 96814 537-9558  
Boston U. '44  
Helene 949-4264  
2336 Oohu Ave.  
Honolulu 96822 OCMS



**Miyasaki, Seiichi** FP\*  
66-214 Holeiwo Rd.  
Holeiwo 96712 637-4866  
Northwestern U. '32  
Chiyeko 637-9069  
P.O. Box 164  
Haleiwo 96712 OCMS



**Mills, George H.** IM  
Medical Director Kam Sch.  
Honolulu 96817 841-4419  
Boston U. '50  
8orboro 237-8067  
53-179 Kamehameho Hwy.  
Houula 96717 OCMS



**Mirzai, Mahmood** GS\*  
1939 Vineyard St.  
Woiuku 96793 244-3949  
U. of Teheron '55  
Judith 244-7196  
458 Lihi St.  
Kahului 96732 MCMS



**Miyashiro, Yonemichi** FP  
Woimeo Clinic  
Woimeo 96796 338-1645  
U. of Michigan '57  
Mildred 335-5104  
Eleele 96705 KCMS



**Mills, John F.** EM  
P.O. Box GGG  
Wailuku 96793 871-7559  
U. of Tennessee '73  
Susie  
P.O. Box 251  
Hono 96713 MCMS



**Mitchell, Charles T.** EM  
P.O. Box GGG  
Woiuku 96793 244-9056  
U. of Michigan '74  
Kulo 96790  
MCMS



**Mizuire, Shizuto** GS  
Rush Med. Col. '32  
935-1692  
25 Hina St.  
Hilo 96720 HCMS - RET



**Milnor, John C.** PD\*  
888 S. King St.  
Honolulu 96813 523-2311  
Temple U. '45  
Hozel  
OCMS



**Mitchell, William H. Jr.** PUD\*, IM\*  
2180 Moin St.  
Woiuku 96793 242-6464  
Tufts U. '72  
877-7469  
320 Pooni Pl.  
Spreckelsville 96779 MCMS



**Moffat, Harold F.** OPH\*  
Foc. of Med. U. of Toronto '33  
502-2246 Bellvue Ave.  
West Voncouver, 8C V7V1C6  
OCMS - RET



**Min, Thomas S.** IM\*  
1380 Lusitono St., #515  
Honolulu 96813 531-2585  
Jefferson Med. Col. '42  
Betty 373-4201  
1594 Loukahi St.  
Honolulu 96821 OCMS



**Mitsuda, Masato** FP  
1640 S. King St.  
Honolulu 96826 946-4565  
Northwestern U. '36  
Mitsue 538-7428  
2006 Keeoumoku St.  
Honolulu 96822 OCMS



**Montell, Edwin M.** GE\*, IM\*  
1292 Woionuenue Ave.  
Hilo 96720 961-6631  
New Jersey Med. Scho. '67  
961-9646  
11 Poko Pl.  
Hilo 96720 HCMS



# medicine is not a cut-rate field.

Too much is at stake to cut corners by cutting service. At Amfac you will find the lowest prices and the best terms consistent with the service you deserve and the standards you demand. Large, local stock. Fast, dependable delivery service. 30 days to pay.

At Amfac medicine is not a cut-rate field.



ROBERTA S. WEATHERFORD  
MANAGER



DISTRIBUTION COMPANY  
Pharmaceutical Department  
PHONE 533-0315



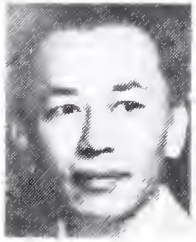
**Montgomery, William H.** AN\*  
888 S. King St.  
Honolulu 96813 544-8774  
Ohio State U. '65  
Emily 737-9467  
533 Ahakea St.  
Honolulu 96816 OCMS



**Moran, Clifford F.** PTH\*  
P.O. Box 411  
Kahului 96732 244-9056  
New York Med. Cal. '42  
Virginia 879-2024  
Kihei 96753 MCMS - RET



**Morton, Carl** 08G\*  
1319 Punahau St., #980  
Honolulu 96826 955-2222  
Wayne State U. '65  
Sharan 395-6747  
3 Paipu Pl.  
Honolulu 96825 OCMS



**Moo, Jen Fong** OTO  
St. Johns U. '29  
Irene 373-3009  
407 Haa St.  
Honolulu 96821 OCMS - RET



**Morgan, Andrew L.** U\*  
1380 Lusitana St., #1008  
Honolulu 96813 533-2720  
Cornell U. '45  
Miriam 595-3064  
4022 Nuuanu Pali Dr.  
Honolulu 96817 OCMS



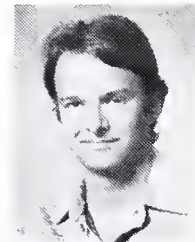
**Morton, Ronald A.**  
U. of Hawaii '84  
Kathy 262-7966  
1015 Aalaa Pl., #334  
Kailua 96734 OCMS - STU



**Mookini, Robert K. Jr.** U\*  
1834 Nuuanu Ave., #203  
Honolulu 96817 531-1166  
Tulane U. '50  
Nabuka 595-6286  
3896 Old Pali Rd.  
Honolulu 96817 OCMS



**Mori, Masahiro** CD\*, IM  
1040 S. King St., #312  
Honolulu 96814 531-8576  
Sch. of Med. Keio Gijuku U. '54  
Reika 732-7175  
1804 Halekaa Dr.  
Honolulu 96821



**Moser, Steven M.** IM\*, NEP\*  
1827 Wells St.  
Wailuku 96763 244-3788  
U. of Texas-Southwestern '75  
Kathleen 575-2979  
40 Haiku Rd.  
Haiku 96708 MCMS



**Moore, John C.**  
1356 Lusitana St., 6th Fl.  
Honolulu 96813  
U. of Hawaii '79  
OCMS - RES



**Mori, Victor M.** GS\*, TS  
2525 S. King St., #303  
Honolulu 96826 955-6683  
Temple U. '53  
Marilyn Jean 595-3552  
3405 Kahawala Dr.  
Honolulu 96817 OCMS



**Mundt, Arno J.** 08G\*  
839 S. Beretania St.  
Honolulu 96813 531-6471  
U. of Wisconsin '52  
Rita 988-4241  
2633 Manaa Rd.  
Honolulu 96822



**Moore, Michael J.** PTH  
P.O. Box 861  
Honolulu 96808  
U. of Arizona '77  
234 Ohua Ave., #334  
Honolulu 96815 OCMS - RES



**Morimoto, Garth Y.** ORS\*  
321 N. Kuakini St., #309  
Honolulu 96817 531-0502  
Indiana U. '64  
OCMS



**Murakami, Joseph Y.** IM  
1319 Punahau St., #1050  
Honolulu 96826 947-3994  
U. of Hawaii '79  
Jay 941-5376  
2525 Date St., #3405  
Honolulu 96826 OCMS - RES



**Moore, Richard D.** R\*  
2230 Liliha St.  
Honolulu 96817 547-6243  
Jefferson Med. Cal. '44  
Catherine 734-2405  
890 Pakapahu St.  
Honolulu 96816 OCMS



**Morioka, Nancy**  
U. of Hawaii '81  
734-8373  
4091 Kulamau St.  
Honolulu 96816 OCMS - RES



**Murayama, Kenric M.**  
U. of Hawaii '85  
1580 Kupau St.  
Kailua 96734 OCMS - STU



**Moore, Ronald D.** IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
Ohio State U. '59  
Judi 732-3256  
1782 Halekaa Dr.  
Honolulu 96821 OCMS



**Morioka, William K.** GS\*  
321 N. Kuakini St., #501  
Honolulu 96817 521-0330  
Indiana U. '63  
Betty 988-2628  
2826 Puuhaua St.  
Honolulu 96822 OCMS



**Musgrave, James E.** NEP\*  
1380 Lusitana St., #814  
Honolulu 96813 537-6331  
Washington U. '65  
524-5735  
OCMS



**Moore, William F. Jr.** PD\*  
4747 Kilauea Ave., #202  
Honolulu 96816 735-5541  
Med. Cal. of Georgia '49  
Barbara 735-1133  
4803 Kolahala St.  
Honolulu 96816 OCMS



**Morris, Alfred D.** IM\*, CD\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
U. of Virginia '55  
Nancy 732-3480  
1557 Kaminaka Dr.  
Honolulu 96816 OCMS



**Myers, N. Fred** IM\*  
1441 Kapiolani Blvd., #415  
Honolulu 96814 941-5085  
U. of Maryland '73  
Lee 531-1233  
1333 Heule St., #1107  
Honolulu 96822 OCMS





**Myers, William A.** A, PO  
U. of Pittsburgh '30 533-3598  
3288 Pacific Hts. Dr.  
Honolulu 96813 OCMS - RET



**Nakamura, Frank H.** O8G  
99-128 Aiea Hts. Dr., #501  
Aiea 96701 487-9920  
U. of Calif.-Davis '73  
OCMS



**Nakano, Jiro** IM\*, CD  
670 Panahawai St., #206  
Hilo 96720 935-6636  
Kobe Med. Cal. '49  
Kay 959-6844  
69 Melani St.  
Hilo 96720 HCMS



**Nadamoto, Ichiro** ORS\*  
1520 Liliha St., #303  
Honolulu 96817 538-1457  
U. of Illinois '49  
Winifred 732-0131  
647 Hakaka Pl.  
Honolulu 96816 OCMS



**Nakamura, Harvey T.** R\*  
34208 Kuhia Hwy.  
Lihue 96766 245-4811  
U. of Hawaii '75  
Lynn Ann 332-9931  
P.O. Box 308  
Lawai 96765 KCMS



**Nakano, Kenneth K.** N\*, OA  
888 S. King St.  
Honolulu 96813 523-2311  
Columbia U. '67  
E. Juanita 261-3240  
824A N. Kalaheo Ave.  
Kailua 96734 OCMS



**Naguwa, Gwen S.** PD\*  
1319 Punahou St., PED  
Honolulu 96826 947-8603  
U. of Hawaii '75  
Dr. William Uphouse 521-7249  
1121 Wilder Ave., #1900A  
Honolulu 96822 OCMS



**Nakamura, Jeffrey M.** HEM\*, ON\*  
321 N. Kuakini St., #310  
Honolulu 96817 531-8521  
New York U. '74  
Jayce  
500 University Ave., #1622  
Honolulu 96826 OCMS



**Nakashima, Norman T.** EM  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Hawaii '75  
Margaret  
OCMS



**Nakagawa, Bunzo** O8G\*  
302 California Ave., #215  
Wahiawa 96786 621-7959  
U. of Oregon '52  
Frances 941-7191  
1212 Punahou St., A908  
Honolulu 96826 OCMS



**Nakamura, Norman Y.** ORS  
1441 Kapiolani Blvd., #506  
Honolulu 96814 949-0156  
Tulane U. '57  
Lisa 949-0127  
1705 Marques St.  
Honolulu 96822 OCMS



**Nakashima, Rolland K.** PS  
99-128 Aiea Hts. Dr., #201  
Aiea 96701 487-9994  
U. of Pennsylvania '71  
Rosemarie 456-3082  
98-1741C Kaahumanu St.  
Aiea 96701 OCMS

## BENEFIT CONSULTING SERVICES

# CONSULTANTS

To The



*For Association Sponsored  
Benefit Programs and Services*

# BCS

Penthouse, 677 Ala Moana Boulevard  
Honolulu, Hawaii 96813 (808) 523-2992



# Do You Ski?

Do you want to keep more  
of your money?

Call for details on our  
tax deductible ski trips.

**(808) 521-8715**

or write



**SQUARE ONE** TAX PLANNING INCORPORATED

700 Bishop Street, Suite 1900  
Honolulu, Hawaii 96813





**Nakasone, Nobuyuki** IM  
1010 S. King St., #216  
Honolulu 96814 536-4654  
Harvard Med. Sch. '48  
Yoshino 595-6257  
3339 Komooino Pl.  
Honolulu 96817 OCMS



**Nelson, Alan C.** IM\*  
407 Uluniu St.  
Kailua 96734 262-6961  
U. De. L'Etat A Liege '75  
OCMS



**Niimi, Roy N.** PD\*  
2055 N. King St.  
Honolulu 96819 841-4507  
U. of Nebraska '67  
Oleto 395-1639  
1266 Koeleku St.  
Honolulu 96825 OCMS



**Nakata, Harry H.** OBG\*  
1010 S. King St., #703  
Honolulu 96814 523-2491  
State U. of N.Y.-Buffalo '60  
Elaine 988-6449  
3044 Hiehie St.  
Honolulu 96822 OCMS



**Nelson, Jane C.**  
U. of Hawaii '84  
2100 Dote St., #201  
Honolulu 96826 OCMS - STU



**Nikaitani, Donald K.** IM\*  
94-873 Forrington Hwy.  
Waipohu 96797 677-0744  
U. of Washington '76  
946-5530  
1520 Spreckels St., #205  
Honolulu 96822 OCMS



**Nakata, Herbert M.** PD\*  
321 N. Kuakini St., #200  
Honolulu 96817 523-8611  
St. Louis U. '56  
Virginia  
2924 Hoowale Pl.  
Honolulu 96822 OCMS



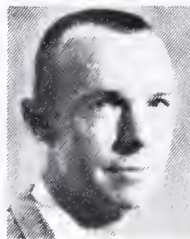
**Nemechek, Robert W.** ORS\*  
30 Aulike St., #506  
Kailua 96734 261-4658  
U. of Calif.-S.F. '62  
Pomelo 261-6656  
OCMS



**Ning, Lily** FP\*  
1710 East-West Rd.  
Honolulu 96822 948-8965  
Indiana U. '68  
Dr. Jerry E. Prentiss 734-1608  
942 Iiwi St.  
Honolulu 96816 OCMS



**Nam, Herbert M.** FP  
1270 Queen Emma St., #105  
Honolulu 96813 536-5531  
Columbia U. '55  
Jonice  
2958 Pali Hwy.  
Honolulu 96817 OCMS



**Newbill, Daniel C. Jr.** OTO  
888 S. King St.  
Honolulu 96813 523-2311  
Med. Col. of Virginia '59  
Ali 247-1505  
46-423 Hololua St.  
Kaneohe 96744 OCMS



**Nip, George H.** GS\*  
1380 Lusitono St., #707  
Honolulu 96813 538-1050  
Boston U. '45  
Helen 737-9682  
645 Hokoko St.  
Honolulu 96816 OCMS



**Namiki, Hideo** PTH\*  
1301 Punchbowl St.  
Honolulu 96813 547-4271  
Gunma U. '49  
Noriko 732-2779  
1158 Hunokoi St.  
Honolulu 96816 OCMS



**Newman, John W.** FP\*  
Koloa Clinic  
Koloa 96756 742-1621  
U. of Toronto '44  
Dorothy 245-7134  
P.O. Box 398  
Koloa 96756 KCMS



**Nishi, James A.** GS  
2055 N. King St.  
Honolulu 96819 841-4507  
Washington U. '57  
Lillian 988-4257  
OCMS



**Natori, Shigeo** OBG  
2525 S. King St., #311  
Honolulu 96826 941-1577  
Tohoku U. '50  
Gertrude 537-6531  
2549A Tantalus Dr.  
Honolulu 96813 OCMS



**Nicholson, Maurice W.** NS\*  
1380 Lusitono St., #1012  
Honolulu 96813 537-9595  
U. of Alberta '60  
Susan  
1744 Nalulu Pl.  
Honolulu 96821 OCMS



**Nishida, Gary H.**  
22 Cedro Cr.  
Sacramento, CA 95833  
U. of Hawaii '79  
524-7185  
OCMS - RES



**Navin, James J.** PTH\*  
888 S. King St.  
Honolulu 96813 523-2311  
Creighton U. '62  
Angelo 373-4684  
5287 Poolo St.  
Honolulu 96821 OCMS



**Nickon, Donald C.** R\*  
1250 Louhala St.  
Honolulu 96813 536-3008  
U. of Calif.-Irvine '65  
237-9790  
4611 Farmers Rd.  
Honolulu 96816 OCMS



**Nishigaya, Toru** FP  
Tulane U. '38  
Mildred 732-3733  
4999 Koholo Ave., Apt. 149  
Honolulu 96816 OCMS - RET



**Neal, Randolph D.** P  
850 West Hind Dr., #224  
Honolulu 96821 373-4621  
U. of Utah '76  
Andrea  
OCMS



**Nierenberg, Chet** GP, OA  
932 Ward Ave., #460  
Honolulu 96814 521-6564  
U. of Calif.-L.A. '75  
OCMS



**Nishijima, Randal** GS  
1024 Piikoi St.  
Honolulu 96814 536-8748  
Jefferson Med. Col. '41  
Kothleen  
OCMS





**Nada, Richard Y.** GP  
94-931 Kakuoiloni St  
Waipohu 96797 671-3931  
St. Louis U. '42  
Helen 677-4943  
94-651 Mahoe St.  
Waipohu 96797 OCMS



**Odegaard, Barry N.** GP  
1319 Punahou St., #1050  
Honolulu 96826 947-3994  
U. of Oregon '78  
4951 Mana Pl.  
Honolulu 96816 OCMS



**Ogawa, Shaza** IM, DIA  
2065 S. King St.  
Honolulu 96826 941-3766  
Kobe Med. Sch. '59  
Haruka 732-0331  
640 Hunakai St.  
Honolulu 96816 OCMS



**Nordyke, Robert A.** NM\*, IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Calif.-S.F. '51  
Ellie 949-3549  
2013 Kakela Dr.  
Honolulu 96822 OCMS



**Odom, Charles B.** PTH\*, OBG\*  
1455 S. Beretania St.  
Honolulu 96814 955-8338  
Tulane U. '62  
Mitsuya 235-4414  
45-114 Alino Pl.  
Koneohe 96744 OCMS



**Ohata, Seiya** FP  
2180 Main St.  
Wailuku 96793 242-6464  
St. Louis U. '43  
579-9218  
Lower Paia 96779 MCMS



**Oda, Francis T.** GS\*  
1380 Lusitana St., #1004  
Honolulu 96813 536-4431  
U. of Michigan '56  
Anno 732-1832  
1137 Koloa St.  
Honolulu 96816 OCMS



**Ogami, Noboru** OBG\*  
1319 Punahou St., #950  
Honolulu 96826 946-5238  
Boston U. '51  
Betty 595-7336  
34 Gortley Pl.  
Honolulu 96817 OCMS



**Ohtani, Masato** FP  
1481 S. King St., #310  
Honolulu 96814 946-6322  
U. of Louisville '35  
Kiyako 988-2824  
3609 Kumu St.  
Honolulu 96822 OCMS



**Oda, Ruth E.** PD\*  
198 Ponohawai St.  
Hilo 96720 935-1621  
Washington U. '53  
935-6342  
1613 Worluku Dr.  
Hilo 96720 HCMS



**Ogata, Roger I.** IM\*, RHU  
2525 S. King St.  
Honolulu 96826 947-3733  
Northwestern U. '58  
Agnes 734-0546  
1551 Kominaka Dr.  
Honolulu 96816 OCMS



**Ohtani, Roy R.** PD\*  
1010 S. King St., #102  
Honolulu 96814 533-3881  
Tulane U. '47  
Mary 538-6157  
1216 Luna Pl.  
Honolulu 96822 OCMS



**Oda, Yoshia** IM\*, A  
1441 Kapiolani Blvd., #518  
Honolulu 96814 947-1888  
U. of Chicago '59  
949-6252  
1007 Akako St.  
Honolulu 96814 OCMS



**Ogawa, Robert T.** PD\*  
99-128 Aiea Hts. Dr., #211  
Aiea 96701 488-8441  
Columbia U. '64  
Emi 488-1188  
98-160 Waipao Pl.  
Aiea 96701 OCMS



**Oishi, Nobaru** IM\*, ON\*, HEM  
1520 Liliha St., #504  
Honolulu 96817 533-3808  
Washington U. '53  
Violet 734-0616  
OCMS

# BUSINESS TAX PLANNERS...

"A Professional Solution for Medical Professionals."

If your retirement plan is overwhelming you, it's time to consider us.

Business Tax Planners is a Hawaii company dedicated to provide fast, personalized services at low cost to medical professionals in the complicated areas of:

- Plan Design & Documentation
- Plan Administration
- Actuarial Calculation & Certification
- VEBA Trust
- Employee Fringe Benefit

If you need more time for your practice and less time worrying about your retirement plan, give us a call.

**BUSINESS TAX PLANNERS ASSOC., INC.**

1188 Bishop Street • Honolulu, Hawaii • 96813 • Telephone 523-9191





**Oishi, Robert H.** GS\*  
1520 Liliha St., #502  
Honolulu 96817 536-5811  
Tufts U. '58  
Elaine 737-4680  
OCMS



**Orbison, James A.** CD\*, IM\*  
747 Amana St.  
Honolulu 96814 955-5944  
U. of Michigan '40  
Helen 395-1235  
178 Polihale Pl.  
Honolulu 96825 OCMS



**Overlock, Robert** FP\*  
Waimea Clinic, Box 427  
Waimea 96796 338-1645  
U. of Pennsylvania '76  
Kikue 339-1772  
KCMS



**Okada, Haruto** FP  
U. of Illinois '28  
775-7204  
P.O. Box 277  
Honokaa 96727 HCMS - RET



**Orimoto, Steven Y.**  
1356 Lusitana St.  
Honolulu 96813  
U. of Hawaii 'B1  
OCMS - RES



**Owens, Thomas C.** ORS\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
U. of Calif.-L.A. '71  
Vicki 261-2118  
1372 Manu Mele Pl.  
Kailua 96734 OCMS



**Okazaki, Kyuro** IM, GE  
1448 Liliha St.  
Honolulu 96817 538-3021  
U. of Nebraska '30  
Hazel 533-4323  
2912 Laola Pl.  
Honolulu 96813 OCMS



**Orinion, Ernesto A.** IM  
315 Uluniu St.  
Kailua 96734 261-4668  
U. of the East '64  
Tina 261-4910  
1521 Kina St.  
Kailua 96734 OCMS



**Pack, Winifred** IM\*, PUD  
839 S. Beretania St.  
Honolulu 96813 531-6471  
Med. Col. of Pennsylvania '70  
Carl Weisbrod 373-9712  
1633 Kalaniuka Wy.  
Honolulu 96821



**Okihiro, Michael M.** N\*  
321 N. Kuakini St., #810  
Honolulu 96817 523-5885  
U. of Michigan '55  
Evelyn 247-4227  
44-026 Kaimalu Pl.  
Kaneohe 96744 OCMS



**Osako, Arthur T.** PD\*, PHO\*  
321 N. Kuakini St., #200  
Honolulu 96817 523-8611  
U. of Rochester '59  
Michiko 737-2982  
4125 Kahala Ave.  
Honolulu 96816 OCMS



**Paderes, Sisar M.** PTH  
2230 Liliha St.  
Honolulu 96817  
U. of Hawaii '81  
677-0885  
94-550 Laenni St.  
Wahiawa 96797 OCMS - RES



**Oldfather, Timothy** GS\*  
670 Panahawai St., #205  
Hilo 96720 961-2663  
U. of Kansas '71  
Kathy 935-8120  
440 Akolea St.  
Hilo 96720 HCMS



**Oshiro, Hideo** OTO\*, HNS\*  
1010 S. King St., #503  
Honolulu 96814 536-6993  
U. of Virginia '58  
Lillian 373-2971  
1423 Ihiloa Lp.  
Honolulu 96821 OCMS



**Paik, Young K.** PTH\*  
2230 Liliha St.  
Honolulu 96817 547-6536  
Seoul Nat'l U. '56  
732-0266  
829 Kealaolu Ave.  
Honolulu 96816 OCMS



**Omura, Richard S.** CRS\*, GS\*  
1380 Lusitana St., #614  
Honolulu 96813 524-1856  
Creighton U. '53  
May 533-4967  
2541B Pauoa Rd.  
Honolulu 96813 OCMS



**Oshiro, Thomas K.** OBG\*  
1010 S. King St., #304  
Honolulu 96814 533-4855  
Loma Linda U. '51  
Helen 734-4237  
1651 Alencastre St.  
Honolulu 96816 OCMS



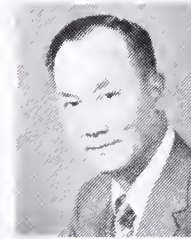
**Palmer, Daniel D.** D\*, DMP\*  
1481 S. King St., #503  
Honolulu 96814 949-7568  
U. of Michigan '56  
946-6084  
1975 Judd Hillside Rd.  
Honolulu 96822 OCMS



**Ono, Benjamin M.** PUD, IM\*  
33 Lanihuli St.  
Hilo 96720 935-7137  
U. of Calif.-L.A. '73  
Leatrice  
1518 Mena Lp.  
Hilo 96720 HCMS



**Ostman, Douglas C.** EM  
2230 Liliha St.  
Honolulu 96817 547-6011  
U. of Alberta '70  
737-6600  
2023 Wilhelmina Rise  
Honolulu 96816 OCMS



**Pang, David L.** FP\*  
1741 Nuuanu Ave.  
Honolulu 96817 531-0448  
Loyola U. '36  
Betty 595-3350  
2932 Park St.  
Honolulu 96817 OCMS



**Ontai, Gordon C.** OBG\*  
1481 S. King St., #438  
Honolulu 96814 955-5966  
Med. Col. of Wisconsin '60  
Betty  
665 Kumukahi Pl.  
Honolulu 96825 OCMS

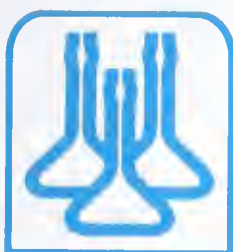


**Oto, Theodore T.** FP, IM  
St. Louis U. '31  
935-6933  
699 Kaumana Dr.  
Hilo 96720 HCMS - RET



**Pang, Derek K.H.** CD, IM\*  
2228 Liliha St., #401  
Honolulu 96817 523-1343  
Tulane U. '75  
OCMS





**Bio-Science**

## **Bio-Science Laboratories Hawaii Branch**

4400 Kalanianaʻole Highway Honolulu, Hawaii 96821-1196  
Administration / Main Laboratory Phone (808) 735-1702

# **YOUR FULL SERVICE LABORATORY**

- Complete routine testing
- Extensive reference testing
- 24-hour emergency toxicology service
- Pick-up and delivery service

## **4 LOCATIONS TO SERVE YOU!**

**Main branch:**

4400 Kalanianaʻole Highway  
Phone 735-1702

**King-Kalakaua**

1507 South King St., Rm 105  
Phone 955-1596 or 955-1597

**Aiea:**

99-128 Aiea Hts. Drive, Rm 202  
Phone 487-8422

**Queen Emma:**

1270 Queen Emma St., Rm 103  
Phone 521-7718

*Fully licensed by federal and state laws.  
For more information please call our Marketing  
Department, 735-1702, extension 115.*



**Bio-Science**

*Your (p)reference laboratory*



**Pang, H.Q.** FP, OBG  
1374 Nuuanu Ave.  
Honolulu 96817 533-4271  
Northwestern U. '29  
Minnie 595-4969  
1418 Alewa Dr.  
Honolulu 96817 OCMS



**Pang, Herbert G.** OPH  
1374 Nuuanu Ave., #202  
Honolulu 96817 537-2929  
Northwestern U. '47  
Dolly 923-4279  
346 Lewers St.  
Honolulu 96815 OCMS



**Pang, L.Q.** OTO\*, A  
1374 Nuuanu Ave., #202  
Honolulu 96817 537-2929  
Tulane U. '33  
Tita 595-2717  
1570 Alewa Dr.  
Honolulu 96817 OCMS



**Pang, Meredith K.L.** OTO\*  
1374 Nuuanu Ave., #202  
Honolulu 96817 537-2929  
Jefferson Med. Cal. '69  
524-5316  
1221 Victoria St., #3204  
Honolulu 96814 OCMS



**Pang, Richard K.S.** GS\*, TS\*  
1374 Nuuanu Ave.  
Honolulu 96817 533-4271  
Tulane U. '56  
Lorraine 595-3736  
3402 Nialupua Dr.  
Honolulu 96817 OCMS



**Paopao, John F.** PS  
670 Panahawai St., #116  
Hilo 96720 961-2808  
Creighton U. '74  
Sharan 961-4434  
250 Kuikahi St.  
Hilo 96720 HCMS



**Paraz, Alvin A.** GP  
1380 Liliha St.  
Honolulu 96817 533-2584  
U. of Santa Tomas '55  
Roseta 595-3746  
70 Puiwa Rd.  
Honolulu 96817 OCMS



**Park, Hoon** PD\*  
675 Panahawai St.  
Hilo 96720 961-6054  
Yonsei U. '65  
Chung Ja 959-7575  
1609 Nohaana Pl.  
Hilo 96720 HCMS



**Park, Moon Soo** PTH\*  
275 Ponahawai St., #104  
Hilo 96720 935-4814  
Yonsei U. '65  
Marilyn 935-5033  
520A Akolea Pl.  
Hilo 96720 HCMS



**Parker, George F.** AN\*  
U. of Iowa '36  
Martha 923-0124  
204 Makee Rd., #801  
Honolulu 96815 OCMS - RET



**Parsa, F. Don** PS\*  
1380 Lusitana St., #804  
Honolulu 96813 524-3020  
U. de Lausanne '69  
Tauran 922-0755  
3872 Owena St.  
Honolulu 96815 OCMS



**Patchell, Larry L.** DR\*  
98-1010 Haukapila Rd.  
Aiea 96701 488-8431  
U. of Oklahoma '72  
Wiley



**Patel, Vit U.** P\*, PYM  
1301 Punchbowl St., Harkness 230  
Honolulu 96813 547-4401  
U. of Minnesota '71  
623-4998  
95-648 Nahalohala St.  
Mililani 96789



**Pathomvanich, Damkerng** GS\*  
8ax 748  
Kealahakua 96750 322-2771  
Mahidol U. '70  
Dr. Pachnee 324-1455  
P.O. 8ax 829  
Kealahakua 96750 WHMS



**Patterson, R. Reginald** GP, ORS  
98-211 Pali Mami St.  
Aiea 96701 488-7762  
Queens U. '36  
Lillian 488-0129  
98-980 Kahapili St.  
Aiea 96701 OCMS



**Patterson, William B.** OBG  
U. of Pennsylvania '36  
Dorothy 244-5437  
3080 Alaneo Pl.  
Wailuku 96793 MCMS - RET



**Pavel, Alan** ORS\*  
1380 Lusitana St., #608  
Honolulu 96813 536-2261  
U. of Chicago '58  
Honey 373-1679  
5276 Oio Dr.  
Honolulu 96821 OCMS



**Pearce, James W.** N\*  
888 S. King St.  
Honolulu 96813 523-2311  
Loma Linda U. '73  
Becky 247-0550  
44-030 Kaimalu Pl.  
Kaneohe 96744 OCMS



**Pearson, John W.** AN\*  
1380 Lusitana St., #709  
Honolulu 96813 533-3865  
Oxford U. '53  
Misaka 261-4434  
1248 Alaha Oe Dr.  
Kailua 96734 OCMS



**Peat, Alexander C.** PD\*  
910 Wainee St.  
Lahaina 96761 661-0081  
U. of Michigan '45  
Lucille  
150 Puukuli Rd.  
Lahaina 96761 MCMS



**Peebles, Lawrence A.** GS\*  
75-5665 Kuakini Hwy.  
Kailua-Kona 96740 329-5595  
U. of Southern Calif. '75  
Linda 329-5595  
P.O. 8ax 1418  
Kealahakua 96750 WHMS



**Penn, Sandra P.** FP\*  
1055 Kala Pl., #103  
Honolulu 96816 944-9053  
U. of Hawaii '78  
3720 Maripasa Dr.  
Honolulu 96816 734-6116



**Penoff, James H.** PS\*  
888 S. King St.  
Honolulu 96813 523-2311  
Ohio St. U. '62  
533-3395  
1221 Victoria St., #2305  
Honolulu 96814 OCMS



**Percy, Helen S.** FP\*  
130 Prison St.  
Lahaina 96761 661-0051  
Med. Cal. of Pennsylvania '58  
134 Halela St.  
Lahaina 96761 MCMS





**Peroff, Ronald P.** OTO\*  
 550 S. Beretonia St.  
 Honolulu 96813 537-2211  
 U. of Toronto '67  
 Karen 946-1708  
 2333 Kapiolani Blvd., #3116  
 Honolulu 96826 OCMS



**Perry, Ronald G.** IM  
 2302 S. Beretonia St.  
 Honolulu 96826 946-4541  
 New York Med. Col. '67  
 Rosemarie  
 OCMS



**Perske, Kenneth F. Jr.** OBG  
 U. of Hawaii '80  
 5414 Kirkwood Pl.  
 Honolulu 96821 OCMS - RES



**Peyton, John H.** PD\*  
 Vanderbilt U. '42  
 Johonnoh 538-6461  
 1927 Mott-Smith Dr.  
 Honolulu 96822 OCMS - RET



**Phillips, James S.** GP  
 P.O. Box 517  
 Honokoo 96727 775-7204  
 Hohnemom Med. Col. '61  
 Noncy 885-4666  
 P.O. Box 1228  
 Kamuelo 96743 HCMS



**Pien, Francis D.** ID\*, IM\*  
 888 S. King St.  
 Honolulu 96813 523-2311  
 U. of Chicago '69  
 Dr. Horriet 373-9686  
 1609 Loukahi St.  
 Honolulu 96821 OCMS



**Pien, Harriet** AN\*  
 1380 Lusitana St., #709  
 Honolulu 96813 533-3865  
 Northwestern U. '70  
 Dr. Francis 373-9686  
 1609 Loukahi St.  
 Honolulu 96821 OCMS



**Pierce, James F.** N\*  
 1380 Lusitana St., #1012  
 Honolulu 96813 537-9595  
 Tulone U. '64  
 Cherye 373-4748  
 1527 Hooaina St.  
 Honolulu 96821 OCMS

## What does it all mean to you?

- TAX DEFERRED EXCHANGES
- 1981 TAX ACT
- PENSION FUNDS & THE 1982 TAX ACT
- TAX SHELTERS

- Limited Partnerships
- Huis
- Apartment Houses
- Shopping Centers
- Office Buildings
- Condos & Single Family Homes
- Development Opportunities
- Joint Ventures

- INVESTMENTS OF ONLY \$2000

We can help unscramble the confusion while you build your estate.

CALL US



## SUPER LOW

### Life Insurance Rates For Professionals

Annual Renewable Term Rates* to age 100				
AGE	\$100,000	\$250,000	\$500,000	\$1,000,000
30	\$ 96	\$ 197	\$ 353	\$ 645
35	96	197	353	653
40	111	237	439	818
45	139	389	525	998
50	182	419	780	1365
65	656	1542	2914	5723

\* Policy fee included, based on non smoking applicant (smokers slightly higher) 6 year age set back for females.

- A and A+ Best rated companies
- Group plans for 1 or more
- Computerized illustrations available

**South Pacific Insurance Agency**  
  
**524-0000**

Full information is available through the qualified life insurance underwriter of your choice — He knows our reputation or call

Dietmar G. Poelzing, General Agent  
 1136 Union Mall, Suite 601, Honolulu, HI 96813





**Pineda, Romeo** R\*  
1834 Nuuanu Ave., #105  
Honolulu 96817 536-0989  
U. of the East '62  
Rosabella 488-9975  
98-1890 Hapoki St.  
Aiea 96701 OCMS



**Probst, C.E. Jr.** ORS\*  
53 Puunene Ave.  
Kahului 96732 871-8868  
Jefferson Med. Col. '68  
Jacqueline 878-6268  
R.R. 1, Box 447  
Kula 96790 MCMS



**Rajdev, Niranjan** HEM\*, ON\*, IM\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
U. of Heidelberg '68  
Karin 737-0648  
2346 St. Louis Dr.  
Honolulu 96816 OCMS



**Pinkerton, O.D.** OPH\*  
1111 Bishop St., #204  
Honolulu 96813 536-6996  
Indiana U. '37  
Susanne 947-4529  
1517 Makiki St., #1001  
Honolulu 96822 OCMS



**Pruett, Kenneth** OBG\*  
888 S. King St.  
Honolulu 96813 523-2311  
Harvard Med. Sch. '62  
Suson 947-4132  
1717 Ala Wai Blvd., #2908  
Honolulu 96815 OCMS



**Ramiscal, Marina Badua** IM  
1270 Queen Emma St., #308  
Honolulu 96813 536-1754  
U. of the East '69  
Onofre 941-2467  
1919 Hunnewell St.  
Honolulu 96822 OCMS



**Polskin, Louis J.** FP  
Tripler Army Med. Ctr.  
TAMC 96859 433-6075  
Chicago Med. Sch. '47  
Frances 946-3347  
583 Kamoku St., #3903  
Honolulu 96826 OCMS



**Puapongsakorn, Praphan** IM\*  
45-062 Kam Hwy.  
Kaneohe 96744 247-0486  
Fac. Med. Ramathibodi '72  
Ratana  
1253 Aloha Oe St.  
Kailua 96734 OCMS



**Ramseyer, Judith** IM\*  
1301 Punchbowl St.  
Honolulu 96813 547-4582  
McGill U. '62  
1520 Ward Ave., #301  
Honolulu 96822 OCMS



**Pontius, Edward B.** P  
1356 Lusitana St., #408  
Honolulu 96813 538-9011  
Tufts U. '79  
OCMS - RES



**Puerta, Frank** FP, EM  
U. of Calif.-S.F. '51  
Alice (503) 882-0936  
4000 Round Lake Rd., #60  
Klamath Falls, OR 97601 OCMS - RET



**Randell, David J.** OPH\*  
45-955 Kom Hwy., #405  
Kaneohe 96744 247-5456  
Jefferson Med. Col. '70  
Rosemory 538-7633  
2150 Mouna Pl.  
Honolulu 96822 OCMS



**Popper, Jordan S.** N\*  
2228 Liliha St., #306  
Honolulu 96817 531-5388  
State U. of N.Y.-Buffalo '56  
Ann 734-1175  
1110 Pueo St.  
Honolulu 96816 OCMS



**Putnam, Deborah A.** EM  
1301 Punchbowl St.  
Honolulu 96813 538-9011  
Yale U. '69  
239-7846  
430E N. Kalaheo Ave.  
Kailua 96734 OCMS



**Rassman, William** GS\*  
1292 Woionuenue Ave.  
Hilo 96720 961-6631  
Med. Col. of Virginia '66  
Morie 935-3928  
62 Halaulani Pl.  
Hilo 96720 HCMS



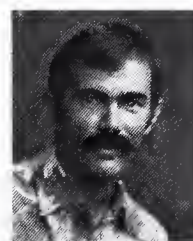
**Portner, Bernard M.** PM  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Michigan '75  
Rachel 947-9346  
2375 Oahu Ave.  
Honolulu 96822 OCMS



**Quinn, Thomas J.**  
1356 Lusitana St., 7th Fl.  
Honolulu 96813  
Loyola U. '79 OCMS



**Rayner, Enid Lynn** IM\*  
347 N. Kuokini St.  
Honolulu 96817 547-9226  
U. of Calif.-S.F. '73  
45-301 Paliiki Pl.  
Kaneohe 96744



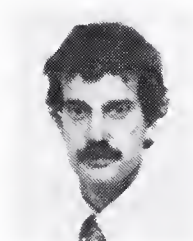
**Prentiss, Jerry E.** AN\*  
888 S. King St.  
Honolulu 96813 523-2311  
Indiana U. '68  
Dr. Lily Ning 734-1608  
942 Iiwi St.  
Honolulu 96816 OCMS



**Quisenberry, Walter B.** GPM\*, IM  
888 S. King St.  
Honolulu 96813 523-2311  
Loma Linda U. '41  
Evolynn 949-1884  
2128 Kam Ave.  
Honolulu 96822 OCMS



**Reddy, D. Venudhar** PD\*, PDC  
550 S. Beretania St.  
Honolulu 96813 537-2211  
Osmonio U. '57  
Vijoyo  
123 Lumchoi St.  
Honolulu 96825 OCMS



**Preston, Henry N.** IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Hawaii '75  
Neime  
769 Sunset Ave.  
Honolulu 96816 OCMS



**Rahman, Ijaz Ur** IM, CD  
1741 Nuuanu Ave.  
Honolulu 96817 537-1979  
Nishtar Med. Col. Multon '60  
3351 Keahi St.  
Honolulu 96822 OCMS



**Reid, William A.** AN  
P.O. Box 443  
Makowao 96768 572-1026  
U. of N. Carolina '60  
Ann 572-0301  
P.O. Box 1048  
Wailuku 96793 MCMS



# DOCTORS!

*We offer a complete range of LOW-COST SYSTEMS and APPLICATION PROGRAMS in the areas of . . .*

- ★ Appointment reminder systems
- ★ Patient record keeping systems
- ★ Medical billing systems
- ★ Inventory control systems
- ★ Cash flow forecasting
- ★ Word processing

We would be glad to visit your office, at your convenience, to discuss how easy-to-use automation can help you in performing the above systems and application programs with lower costs and increased work output.



For more information and demonstration,  
please call **533-3186**.

Authorized Wang Dealer



**PACIFIC INFORMATION EXCHANGE, LTD.**

250 S. Hotel Street, Suite 210, Honolulu, Hawaii 96813/Ph. 533-3186

**WANG**

The Office Automation Computer Company.

**WANG**



**Reppun, J.I. Frederick** GP, FP  
45-461 Pua Inia St.  
Kaneahe 96744 247-2161  
Harvard Med. Sch. '39 239-8383  
47-410 Lulani St.  
Kaneahe 96744 OCMS



**Rinzler, Gary S.**  
U. of Hawaii '84 941-4115  
2209 A Seaview Ave.  
Honolulu 96822 OCMS - STU



**Saegusa, Jiro** PD  
1024 Piikoi St.  
Honolulu 96814 533-3868  
Nihan U. '67  
Kiyoko 533-4877  
1251 Heulu St.  
Honolulu 96822 OCMS



**Rhodes, Clifford** OPH\*  
2180 Main St.  
Wailuku 96793 242-6464  
Al Einstein Cal. of Med. '76 MCMS



**Rizzo, Marco** PS  
1150 S. King St., #908  
Honolulu 96814 524-2337  
U. De Buenas Aires '66  
5215 Keikilani Cr.  
Honolulu 96821 OCMS



**Sage, William H.** IM  
839 S. Beretonia St.  
Honolulu 96813 531-6471  
U. of Virginia '48  
Evelyn 737-9949  
1108 Kalaa St.  
Honolulu 96816 OCMS



**Richardson, Allen B.** ORS\*  
1380 Lusitana St., #608  
Honolulu 96813 536-2261  
U. of Calif.-L.A. '73  
Pakey 735-5088  
3865 Maripasa Dr.  
Honolulu 96816 OCMS



**Rockett, Louis S.** GS\*  
2180 Main St.  
Wailuku 96793 242-6464  
U. of Oklahoma '43  
Natalie 244-0780  
Puuanne Tract  
Wailuku 96793 MCMS



**Saiki, Stanley M.** OBG\*  
2055 N. King St.  
Honolulu 96819 841-4507  
Temple U. '46  
Patricia 737-4016  
784 Elepaia St.  
Honolulu 96816 OCMS



**Richert, Thomas H.** FP, GS  
McGill U. '38  
Laretta 595-3373  
155 Dowsett Ave.  
Honolulu 96817 OCMS - RET



**Romero, Jose L.** GS\*  
99 S. Market St.  
Wailuku 96793 244-5334  
U. of Philippines '56  
Jayce 572-1998  
131 Pukalani St.  
Pukalani 96788 MCMS



**Sakai, Clarence S.** CRS\*  
1380 Lusitana St., #614  
Honolulu 96813 524-1856  
Tulane U. '54  
Hideka 988-3561  
3297 Lauulu St.  
Honolulu 96822 OCMS



**Rider, Evelyn D.**  
U. of Hawaii '84  
2436 Date St., #5  
Honolulu 96826 OCMS - STU



**Rossberg, Clyde A.** FP, PUD  
U. of Maryland '41  
Betty  
39F Wailea Ekahi  
Kihei 96753 MCMS - RET



**Sakamaki, Leigh** P\*, CHP\*  
1441 Kapialani Blvd., #621  
Honolulu 96814 946-4500  
U. of Michigan '59 734-2559  
1009 Hunokoi St.  
Honolulu 96816 OCMS



**Rigler, Robert G.** R\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Iowa '48  
Jean 955-1009  
2117 Puualii Pl.  
Honolulu 96822 OCMS



**Roth, Alexander** PD\*, PDA\*, A\*  
1697 Ala Maana  
Honolulu 96815 949-5811  
U. of Kansas '50  
Calleen 737-5267  
4744 Kakahala St.  
Honolulu 96816 OCMS



**Sakimoto, Richard Y.** OBG\*  
1010 S. King St., #101  
Honolulu 96814 537-5538  
Washington U. '33  
Edna 988-2764  
2905 Manaa Rd.  
Honolulu 96822 OCMS



**Rigney, Kleona** PH\*  
P.O. Box 3378  
Honolulu 96801 548-5835  
U. of Pennsylvania '47  
Dr. Raymond Corsini 373-1839  
140 Niwiki Cr.  
Honolulu 96821 OCMS



**Rusnak, Stuart L.** A\*, PDA\*, PD\*  
1319 Punahau St., #1030  
Honolulu 96826 955-0788  
Northwestern U. '64  
Kristin 949-0397  
234 Kuuhoo Pl.  
Kailua 96734



**Sakoda, Thomas H.** NS\*  
321 N. Kuakini St., #509  
Honolulu 96817 523-6488  
Yale U. '61  
Ryuka 941-5147  
2625 Kuahine Dr.  
Honolulu 96822 OCMS



**Ringwood, John W.** PD  
98-1247 Kaahumanu St., #215  
Aieo 96701 487-2477  
Bawman Gray Sch. of Med. '77  
Amy 735-6678  
OCMS



**Sackett, Andrew** PH  
U. of Michigan '41  
Betty 966-8254  
Star Route Box 1-6  
Kaaau 96749 HCMS - RET



**Sakoda, David H.** R\*  
321 N. Kuakini St.  
Honolulu 96817 547-9545  
U. of Washington '64  
Susan 538-6102  
2030 Mauna Pl.  
Honolulu 96822 OCMS





# **PHYSICIANS: TRY AIR FORCE EXPERIENCE.**

Experience Air Force medicine. It can be just what you'd like your medical practice to be. More time to practice medicine. More time with your family. Even more time for your hobbies. It's all part of Air Force EXPERIENCE. Talk to a member of our medical placement team today. Find out how you can experience the perfect medical practice as an AIR FORCE PHYSICIAN.

# **AIR FORCE**

For Additional Information Call

TONY CHAPMAN at 546-5182





**Salcedo, Arturo F.** PTH\*  
1010 S. King St., #109A  
Hanolulu 96814 523-8651  
U. of Santo Tomas '52  
Dalaes 839-1393  
1360 Ala Puumalu St.  
Hanolulu 96818 OCMS



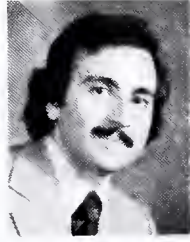
**Saviello, George M.** AN\*  
1380 Lusitana St., #709  
Hanolulu 96813 533-3865  
Northwestern U. '67  
524-0311  
2029 Nuunu Ave., #1104  
Hanolulu 96817 OCMS



**Schrick, Edna W.** PO\*  
Washington U. '34  
98-099 Uoo Pl., #410  
Aiea 96701 OCMS - RET



**Salenger, Gary** O\*  
2180 Main St.  
Wailuku 96793 242-6464  
Calumbia U. '66  
878-6208  
Kulo 96790 MCMS



**Savona, Michael R.** IM\*  
2180 Main St.  
Wailuku 96793 242-6464  
State U. of N.Y.-Buffala '73  
Oarathy 879-9041  
992 S. Kihei Rd.  
Kihei 96753 MCMS



**Schroffner, Werner G. IM\*, END\***  
1380 Lusitono St., #902  
Hanolulu 96813 524-2472  
Leopold-Fronzens U. '63  
Aileen  
2350 Aha Maka Way  
Honolulu 96821



**Sanders, John** NE  
U. of Nebraska '34  
Spreckelsville 96779 MCMS - RET



**Scamahorn, James O.** FP\*, EM  
34208 Kuhio Hwy.  
Lihue 96766 245-4811  
Indiana U. '76  
Betty Ann  
P.O. Box 3283  
Lihue 96766 KCMS



**Schulz, Robert W.** PS\*  
888 S. King St.  
Honolulu 96813 523-2311  
Geo. Washington U. '72  
Rene 734-0089  
811 Ekoo Pl.  
Hanolulu 96821 OCMS



**Sanidad, Adela G.** IM\*  
1697 Ala Maana  
Hanolulu 96815 949-5811  
U. of Santa Tomas '52  
Jose 734-4654  
2011 Alaaloa St.  
Hanolulu 96821 OCMS



**Scherman, Bernard M.** EM  
P.O. Box 1266  
Kailua 96734 261-3326  
U. of Balagna '64  
Madeline 262-6200  
One Kailuana Place  
Kailua 96734 OCMS



**Scowcroft, Charles** GE, IM  
2180 Main St.  
Wailuku 96793 242-6464  
Temple U. '75  
MCMS



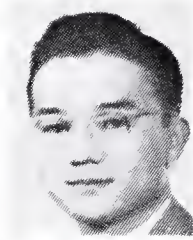
**Santos, Ernesto M.** FP  
U. of Oregon '49  
Fely 622-4933  
1709 Glen Ave.  
Wahiawa 96786 OCMS - RET



**Schilz, James P.** ORS  
839 S. Beretania St.  
Hanolulu 96813 531-6471  
Med. Col. of Wisconsin '74



**Scully, Niall M.** GS\*, TS\*  
888 S. King St.  
Hanolulu 96813 523-2311  
St. Louis U. '47  
Peggy 395-2777  
433 Portlock Rd.  
Hanolulu 96825 OCMS



**Sasaki, Kaoru** FP  
45-939 Kam Hwy.  
Kaneahe 96744 247-0424  
Creighton U. '54  
Yuri 247-4552  
46-378 Haiku Plantation Rd.  
Kaneahe 96744 OCMS



**Schlesinger, Stephen L.** PS\*  
33 Lono Ave., #300  
Kahului 96732 871-7502  
Med. Col. of Virginia '71  
Stephanie 879-1719  
688 Kumulani Ave.  
Kihei 96753 MCMS



**Seid, Arnold** IM  
960 Center St.  
Wahiawa 96786 621-6511  
U. of Mississippi '78  
523-8038  
1255 Nuunu Ave., #1005  
Honolulu 96817 OCMS



**Sato, Norman E.** OBG\*  
321 N. Kuakini St., #200  
Hanolulu 96817 523-8611  
U. of Texas '72  
Carrie  
147 Niuiiki Cr.  
Hanolulu 96821 OCMS



**Schnack, George F.** P\*  
1523 Kalakaua Ave.,  
P.O. Box 22292  
Honolulu 96826 949-1688  
Jahns Hopkins U. '51  
Pat 533-6689  
2655 Tantalus Dr.  
Honolulu 96813 OCMS



**Semenza, John M.** AN\*  
600 Kapioloni Blvd., #202B  
Hanolulu 96813 524-7150  
U. of Calif.-Irvine '72  
Christina  
OCMS



**Satta, Sukchai** IM\*  
P.O. Box E  
Kealakekua 96750 322-9324  
Chulalongkarn U. '68  
Pannee 322-9951  
P.O. Box E  
Kealakekua 96750 WHMS



**Schneeweiss, Daniel** P, GP  
1380 Lusitana St., #909  
Honolulu 96813 533-1711  
U. of Hawaii '77  
Teresa 696-9340  
87-168 Mamoolii Wy  
Waianae 96792 OCMS - RES



**Seto, Anthony** P  
1520 Liliha St., #403  
Honolulu 96817 536-6665  
Far Eastern U. '72  
949-1474  
1818 Poki St.  
Honolulu 96822 OCMS





**Seto, Dudley S.J.** NEP\*, IM\*  
1520 Liliha St., #304  
Honolulu 96817 523-0445  
U. of Michigan '58  
Carol  
OCMS



**Shimoda, Stanley S.** GE\*, IM\*  
321 N. Kuakini St., #503  
Honolulu 96817 521-9584  
Washington U. '61  
June 487-1938  
98-1245 Koonohi St.  
Aiea 96701 OCMS



**Shklov, Nathan** 08G, FP  
Queens U. '40  
Agnes 395-1060  
111 Koko Isle Cr.  
Honolulu 96825 OCMS - RET



**Seto, Millard S.J.** 08G\*  
203 S. Vineyard St.  
Honolulu 96813 536-9322  
Hahnemann Med. Col. '57  
OCMS



**Shimomura, George** 08G\*  
99-128 Aieo Hts. Dr., #504  
Aiea 96701 487-2497  
U. of Oregon '64  
Audrey 488-5588  
98-1351 Koonohi St.  
Aiea 96701 OCMS



**Schlachter, Marc B.** GP  
53-922 Kam Hwy.  
Houulo 96717 293-8558  
U. of Cincinnati '69  
OCMS



**Seto, Robin L.**  
U. of Hawaii '83  
6004 Haleoki St.  
Honolulu 96821 OCMS - STU



**Shinkawa, Tsuneichi** GS  
U. of Iowa '26  
Florence 595-6015  
1330 Alewa Dr.  
Honolulu 96817 OCMS - RET



**Shrapnel, Bliss S.** GP  
Tulone U. '39  
Adeline 536-0495  
2033 Nuuanu Ave., PH-C  
Honolulu 96817 OCMS - RET



**Sexton, Harold M.** PD\*  
Tufts U. '41  
Audrey 247-4335  
45-221 Kahonahou Cr.  
Koneohe 96744 OCMS - RET



**Shintani, Terry T.**  
U. of Hawaii '85  
524-0917  
1134 Kinou St., #507  
Honolulu 96814 OCMS - STU



**Sia, Calvin C.J.** PD\*  
1350 S. King St., #300  
Honolulu 96814 524-5544  
Case Western Reserve U. '55  
Katherine 737-4770  
656 Poikou St.  
Honolulu 96816 OCMS



**Sharma, Santosh** 08G\*  
1319 Punahou St., #801  
Honolulu 96826 949-5305  
Poono U. '60  
533-2859  
1121 Wilder Ave., #1700A  
Honolulu 96822 OCMS



**Shirai, Reynold S.** PD\*  
1319 Punahou St., #1020  
Honolulu 96826 941-7744  
Creighton U. '54  
Edna 923-1389  
3930 Gail St.  
Honolulu 96815 OCMS



**Siegel, Richard J.** PS\*  
1697 Ala Moana  
Honolulu 96815 944-6449  
U. of Pennsylvania '65  
Potricio 737-6521  
2558 Peter St.  
Honolulu 96816 OCMS



**Shepard, R. Frederick** PM\*  
Tufts U. '52  
Dorothy 737-3233  
1649 Konolui St.  
Honolulu 96816 OCMS - RET



**Shiraki, Iwao William** U\*  
1010 S. King St., #601  
Honolulu 96814 531-4874  
Tulone U. '60  
Adrienne 395-2550  
OCMS



**Siemsen, Arnold W.** IM\*, NEP  
1380 Lusitana St., #814  
Honolulu 96813 537-6331  
U. of Nebraska '56  
Sollie 235-2607  
46-312 Hoiku Plantation Dr.  
Kaneohe 96744 OCMS



**Sherrer, Larry K.**  
955-4261  
U. of Hawaii '84  
1939 Kokelo Dr.  
Honolulu 96822 OCMS - STU



**Shiraki, Katherine K.**  
U. of Hawaii '84  
3232 Aloni Dr.  
Honolulu 96822 OCMS - STU



**Simasko, Joel L.**  
U. of Washington '80  
1415 Victorio St., #1515  
Honolulu 96822 OCMS - RES



**Shim, Walton K.T.** GS\*, PDS\*  
1319 Punahou St., #1000  
Honolulu 96826 947-2611  
Columbia U. '56  
Sandra 537-6560  
2615 Tantalus Dr.  
Honolulu 96813 OCMS



**Shirasu, Myron E.** IM\*  
321 N. Kuakini St., #200  
Honolulu 96817 523-8611  
U. of Oregon '63  
Karen 734-3060  
1007 Koloa St.  
Honolulu 96816 OCMS



**Simich, Robert L.** EM, FP\*  
46-005 Kawa St., #301  
Kaneohe 96744 247-2121  
Chicago Col. of Osteo. '60  
Lorraine 521-9066  
2302 Pacific Hts. Rd.  
Honolulu 96813 OCMS





**Simmons, E. Lee** U\*  
1380 Lusitana St., #407  
Honolulu 96813 533-3661  
U. of Calif.-S.F. '56  
Nancy 261-1305  
1182 Mapuana St.  
Kailua 96734 OCMS



**Sloan, R. Varian** FP  
U. of Southern Calif. '41  
Erna 373-3255  
1448 Laukahi St.  
Honolulu 96821 OCMS - RET



**Sonoda, Lorraine**  
U. of Hawaii '86  
211C Auwailimu St.  
Honolulu 96813 OCMS - STU



**Simmons, Robert L.** ORS\*  
30 Aulike St., #506  
Kailua 96734 261-4658  
Georgetown U. '63  
Dr. Winifred 261-2736  
30 Aulike St.  
Kailua 96734 OCMS



**Slomoff, Boyd J.** P\*  
1356 Lusitana St., #402  
Honolulu 96813 548-3420  
Yale U. '76  
4337H Lanihale Pl.  
Honolulu 96816 OCMS



**Soo, Betty S.M.** PD\*  
1374 Nuuanu Ave.  
Honolulu 96817 533-4271  
U. of Kansas '59  
654 Wyllie St.  
Honolulu 96817 OCMS



**Sims, Joel K.** EM, GP  
P.O. Box 3378  
Honolulu 96801 548-2303  
U. of Calif.-S.D. '73  
Charlene 737-9212  
2472 Waiamaa Rd.  
Honolulu 96816 OCMS



**Smith, DeWitt H.** IM\*, CD\*  
Columbia U. '31  
Mary 959-9454  
101 Waikae Rd.  
Hila 96720 HCMS - RET



**Soon, Gerald F.L.** IM\*  
1380 Lusitana St., #706  
Honolulu 96813 521-8913  
U. of Hawaii '77  
Charlene 955-0610  
1317 Makiki St., #1107  
Honolulu 96822 OCMS



**Sinclair, David A.** OBG\*  
1441 Kapiolani Blvd., #415  
Honolulu 96814 941-5085  
U. of Calif.-S.F. '54  
Ivilee 988-3828  
3581 Waadlawn Dr.  
Honolulu 96822 OCMS



**Smith, Douglas L.** P  
Med. Cal. of Georgia '77  
46-318 Haiku Rd., #45  
Kaneahe 96744 OCMS - RES



**Soong, John L.** DR\*, NM\*  
1301 Punchbowl St.  
Honolulu 96813 547-4711  
Columbia U. '71  
Susan  
3007 La Pietra Cr.  
Honolulu 96815 OCMS



**Sira, Santad** OBG  
P.O. Box 50  
Kealahakua 96750 322-3434  
Mahidal U. '70  
Ruamporn 322-9221  
P.O. Box 50  
Kealahakua 96750 WHMS



**Smith, John S.** ORS\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
Layala U. '55  
Jaan 737-9963  
1903 Paula Dr.  
Honolulu 96816 OCMS



**Sorenson, Susan**  
U. of Hawaii '82  
45-415 Makulele Dr., #9  
Kaneahe 96744 OCMS - STU



**Sitkin, Robert S.** IM\*  
2228 Liliha St.  
Honolulu 96817 547-6535  
St. Louis U. '41  
Barbara 946-1985  
1676 Ala Maana, #805  
Honolulu 96815 OCMS



**Smith, Robert L.** ORS\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
Yale U. '54  
4305 Kaikaa Pl.  
Honolulu 96816 OCMS



**Soriano, Gildo S.** IM\*, NEP  
916 Kilani Ave.  
Wahiawa 96786 621-5042  
U. of Santo Tomas '65  
Violeta 488-3821  
98-1744 Ulu St.  
Aiea 96701 OCMS



**Siu, K. Kenneth** PD, GP  
1520 Liliha St., #602  
Honolulu 96817 523-1644  
U. of Hawaii '76  
Gwendalyn  
1226 Alexander St.  
Honolulu 96826



**Smith, Roy G.** PD\*, PH  
1960 East-West Rd. UH-SPH  
Honolulu 96822 948-8493  
New York Med. Cal. '61  
45-172 Kakakahi Pl.  
Kaneahe 96744 OCMS



**Sowers, J. Mark B.** FP\*  
Rt. 3, Box 131  
Fulton, KY 42041  
Northwestern U. '58  
MCMS



**Siu, King-Sum Patrick**  
1356 Lusitana St.  
Honolulu 96813  
U. of Hawaii '80  
OCMS - RES



**Sofio, Gilbert F.** IM\*  
4211 Waiialae Ave., #504  
Honolulu 96816 735-5715  
U. of Illinois '46  
Constance 946-3532  
2320 University Ave.  
Honolulu 96822 OCMS



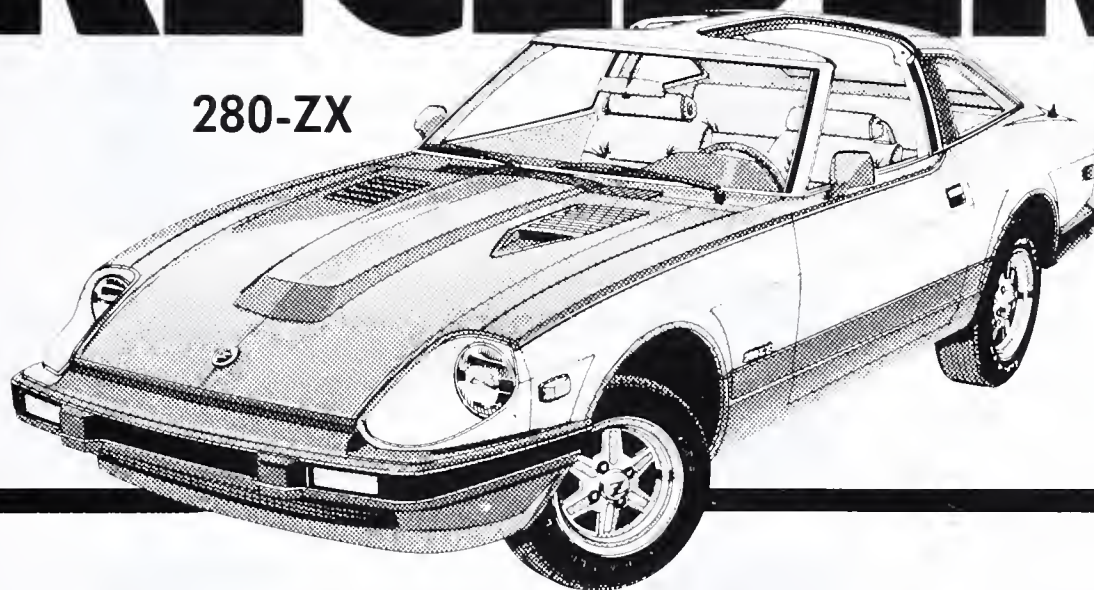
**Spangler, John S.** OBG\*  
888 S. King St.  
Honolulu 96813 523-2311  
Indiana U. '61  
Susan 734-2925  
713 Ulumaika St.  
Honolulu 96816 OCMS



# SETTING THE PRECEDENT.



MAXIMA



280-ZX

Nissan redefines the meaning of performance and style. The 1983 Maxima and 280-ZX. Two powerful road machines that take car handling and design to still greater limits.

Witness the total luxury. Awesome performance. Comfort and dependability. And now, a trend-setting feature even doctors can

appreciate—a car function warning system that actually talks back to you!

Give the new Maxima and 280-ZX a trial today. At any Datsun dealer throughout the Islands.



# DATSUN

## WE ARE DRIVEN

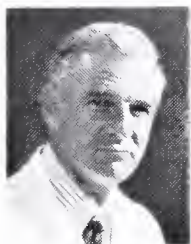
PRODUCT OF NISSAN

<b>Honolulu Datsun</b> 630 Piikoi St 531-3721	<b>Kaimuki Datsun</b> 3060 Kapolani Blvd 734-0241	<b>Airport Datsun</b> 545 Lagoon Dr 833-0062	<b>Windward Datsun</b> 46-151 Kahuhipa 235-6433	<b>Datsun of Waipahu</b> 94-119 Farrington Hwy 671-2611	<b>Pearl City Datsun</b> 806 Kamehameha Hwy 456-5938	<b>Datsun of Wahiawa</b> 1912 Wilikina Dr 621-0761	<b>Datsun of Kauai</b> 3215 Kuhio Hwy 245-6731 (Lihue)	<b>Datsun of Maui</b> 1935 Main St 244-7433 (Wailuku)	<b>Datsun Hawaii</b> 471 Kalanianaʻole Ave 969-1484 (Hilo)
---	---	--	---	---	--	--	--	---	--





**Spielman, Stuart H.** DR\*  
P.O. Box 227  
Kealahakua 96750 323-2665  
U. of Maryland '68  
Annobel 323-2978  
P.O. Box 227  
Kealahakua 96750 WHMS



**Spies, William E.** R\*  
670 Panahawai St., #110  
Hila 96720 935-1155  
U. of Oregon '47  
Yvonne 935-2153  
1514 Waiianvenue Ave.  
Hila 96720 HCMS



**Sprague, Arthur Y.** AN\*  
1834 Nuuanu Ave., #202  
Honolulu 96817 531-7100  
Johns Hopkins U. '60  
Roberta 988-2016  
2874 Komaia Pl.  
Honolulu 96822 OCMS



**Sroat, Donald A.** OPH\*  
839 S. Beretania St.  
Honolulu 96813 531-6471  
Northwestern U. '65  
Helene 235-5511  
46-401 Haiku Rd.  
Kaneohe 96744 OCMS



**St. Sure, Frank A. Jr.** GS  
Tulane Med. Sch. '34  
P.O. Box 766  
Kihei 96753 MCMS - RET



**Starbuck, George W.** PD\*  
1319 Punahou St.  
Honolulu 96826 947-8511  
U. of Vermont '38  
Virginia 734-4433  
4340 Pahoo Ave., #13C  
Honolulu 96816 OCMS - RET



**Stevermann, Nicholas Jr.** D  
670 Panahawai St., #116  
Hila 96720 961-3404  
Inst. of Med. Si Farmacie '37  
Betty 935-6050  
204 Kaiulani St.  
Hila 96720 HCMS - RET



**Stevens, Marquis E.** IM  
839 S. Beretania St.  
Honolulu 96813 531-6471  
Friedrich Wilheims U. '38  
Herta 734-8877  
206 Kulamau Pl.  
Honolulu 96816 OCMS - RET



**Stevens, Paul G.** GP  
P.O. Box 1100  
Kaunakakai 96748 553-5353  
U. of Vermont '55  
Marian 567-6260  
Box 55  
Kualapuu 96757 MCMS



**Stevens, William H.** P  
U. of Wisconsin '43  
Jean 395-1621  
369A Partlock Rd.  
Honolulu 96825 OCMS - RET



**Stewart, James H.** U\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
New York Med. Cal. '60  
Rose 262-8919  
155 Ohana St.  
Kailua 96734 OCMS



**Stitt, Pauline G.** PD\*, GPM\*  
1960 East-West Rd.  
Honolulu 96822 948-8832  
U. of Michigan '33  
941-0662  
1434 Punahou St., #927  
Honolulu 96822 OCMS



**Stodd, Russell T.** OPH\*  
39 Kam Ave.  
Kahului 96732 877-3984  
U. of Oregon '59  
Leanna 877-3098  
536 Kuuu Pl.  
Kahului 96732 MCMS



**Stoddard, Randall R.** AN\*  
888 S. King St.  
Honolulu 96813 523-2311  
Northwestern U. '70  
Sarah 988-7868  
3430F Keahi Pl.  
Honolulu 96822 OCMS



**Straehley, Clifford J. Jr.** TS\*  
1697 Ala Maana  
Honolulu 96815 949-5811  
Harvard Med. Sch. '46  
Marnie 732-0824  
4219 Puuloni Pl.  
Honolulu 96816 OCMS



**Strode, Walter S.** U\*  
888 S. King St.  
Honolulu 96813 523-2311  
Washington U. '48  
Nancy 735-4164  
1487 Hiikala Pl., #18  
Honolulu 96816 OCMS



**Strother, Billie F.** AN\*  
1827 Wells St.  
Wailuku 96793 244-3788  
Southwestern U. '58  
301 Paani Pl.  
Spreckelsville 96779 MCMS



**Strutin, David M.** IM  
98-1010 Haukapila Rd.  
Aiea 96701 488-8431  
U. of Illinois '79  
Sandra 247-0013  
44-734 Haanani Pl.  
Kaneohe 96744 OCMS - RES



**Sue, Sam O.** GE\*, IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
State U. of N.Y.-Brooklyn '75  
Margie 395-3902  
912 Kaahue St.  
Honolulu 96825 OCMS



**Sugihara, Clarence Y.** AI\*  
1010 S. King St., #213  
Honolulu 96814 531-1554  
Marquette U. '41  
Chiena 949-6475  
2227 Oahu Ave.  
Honolulu 96822 OCMS



**Sugihara, Jared G.** IM\*, NEP\*  
1380 Lusitano St., #814  
Honolulu 96813 537-6331  
Harvard Med. Sch. '67  
Valerie 373-1260  
OCMS



**Sugiki, Shigemi** OPH\*  
1380 Lusitano St., #508  
Honolulu 96813 521-1676  
Washington U. '61  
Bernice 946-3480  
2398 Aina Lani Pl.  
Honolulu 96822 OCMS



**Sugimoto, Fumiyo** FP, IM  
98-1010 Haukapila Rd.  
Aiea 96701 488-8431  
Tokyo Women's Med. Col. '40  
Ernest Miwo 488-5653  
98-536 Kaamilo  
Aiea 96701 OCMS



**Sullivan, Helen L.** FP, LM  
1697 Ala Maana  
Honolulu 96815 671-5774  
Louisiana State U. '75  
235-1714  
46-255 Kahuhipa St., # PH1  
Kaneohe 96744 OCMS





**Sunahara, Paul I.** D\*  
 321 N. Kuukini St., #610  
 Honolulu 96817 533-4434  
 U. of Wisconsin '64  
 Carol 373-2440  
 5283 Panaleo Pl.  
 Honolulu 96821 OCMS



**Susott, Daniel C.** GPM  
 U. of Howoii '78  
 988-7891  
 3166 Oahu Ave.  
 Honolulu 96822 OCMS



**Suzuki, George** IM  
 321 N. Kuukini St., #304  
 Honolulu 96817 526-0877  
 U. of Michigan '53  
 Esther 595-3091  
 3436 Kahawalu Dr.  
 Honolulu 96817 OCMS



**Sy, Ramon K.** OTO  
 1314 S. King St., #503  
 Honolulu 96814 523-9677  
 U. of Santa Tomas '60  
 Elizabeth 531-5456  
 1221 Victoria St., #3301  
 Honolulu 96814 OCMS



**Tabrah, Frank L.** PD\*  
 1960 East-West Rd.  
 Honolulu 96822 948-8525  
 State U. of N.Y.-Buffala '43  
 Ernestine 947-1739  
 2333 Kopialani Blvd., #3408  
 Honolulu 96826 OCMS



**Taitano, Maria T.**  
 U. of Hawaii '84  
 2740 Kuilei St., #2104  
 Honolulu 96826 OCMS - STU



**Tajima, James N.** AN\*  
 321 N. Kuukini St., #301  
 Honolulu 96817 523-7058  
 Tokyo Jikei-Kai Med. Sch. '53  
 Audrey 373-2868  
 1527 Ipukula St.  
 Honolulu 96821 OCMS



**Tajima, Luke M.** AN\*  
 321 N. Kuukini St., #306  
 Honolulu 96817 537-3263  
 Northwestern U. '50  
 Jone 839-2330  
 1245 Ala Pili Lp.  
 Honolulu 96818 OCMS



**Takai, Masao** ORS\*  
 1010 S. King St., #214  
 Honolulu 96814 533-4402  
 Kyoto Prefectural U. '66  
 Tomika 373-3442  
 1879 Lolea Pl.  
 Honolulu 96821 OCMS

# Honolulu Orthopedic Supply

ORTHOTICS  
 PROSTHETICS  
 MASTECTOMY FITTINGS  
 WHEELCHAIRS  
 PATIENT AIDS

**536-6661**

1365 Nuuanu Avenue • Honolulu, Hawaii 96817



**Takaki, Herbert S.** FP  
321 N. Kuakini St., #604  
Honolulu 96817 523-6736  
Rush Med. Col. '31  
Gladys 595-3231  
22 Wood St.  
Honolulu 96817 OCMS



**Takamura, John H.** AN  
2228 Liliha St., #203  
Honolulu 96817 531-6558  
Keio Gijuku U. '50  
Lucy 737-9916  
536 Hakaka Pl.  
Honolulu 96816 OCMS



**Takase, Allan S.** OBG\*  
670 Panahawai St., #200  
Hilo 96720 961-2881  
U. of Missouri '63  
Jean 959-7579  
287 Kanaelani St.  
Hilo 96720 HCMS



**Takemoto, Wayne S.** OBG\*  
839 S. Beretania St.  
Honolulu 96813 531-6471  
Indiana U. '62  
Linda 839-7524  
1188 Ala Liliko'i St.  
Honolulu 96818 OCMS



**Takeuchi, Joan** FP  
3538 Waiālae Ave., #202  
Honolulu 96816 737-6166  
Kansai Med. Col. '49  
Harito Kawakami  
1481 Ihiloa Pl.  
Honolulu 96821 OCMS



**Takiguchi, Paul S.**  
U. of Hawaii '81  
78-03 Constitution Dr.  
Cincinnati, OH 45215 OCMS - RES



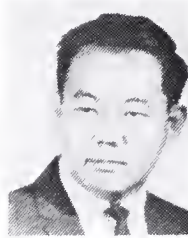
**Takushi, George M.** DR  
2525 S. King St., #304  
Honolulu 96826 949-0077  
U. of Nebraska '64  
Violet 395-1644  
569 Portlock Rd.  
Honolulu 96825 OCMS



**Tam, Roland F.S.** OTO\*, HNS  
2228 Liliha St., #409  
Honolulu 96817 531-7021  
Washington U. '72  
OCMS



**Tamura, Paul Y.** PTH\*, CLP\*  
1010 S. King St., #109A  
Honolulu 96814 523-8651  
Temple U. '48  
Emi 732-2410  
4271 Panini Pl.  
Honolulu 96816 OCMS



**Tamura, Raymond M.** AM, GP  
218 Lagoon Dr., #6  
Honolulu 96819 836-1644  
U. of Illinois '57  
Darlene 946-2523  
1414 Alexander St., #204  
Honolulu 96822 OCMS



**Tan, Antonio K.** U  
1314 S. King St., #430  
Honolulu 96814 521-8288  
U. of Santa Tomas '69  
Bessie Jay  
1251 Heulu St., #1001  
Honolulu 96822 OCMS



**Tan, Siang Yong** END, IM\*  
2228 Liliha St., #404  
Honolulu 96817 526-9784  
McGill U. '70  
Alexandria 395-9760  
7524 Laielua Pl.  
Honolulu 96825 OCMS



**Tanabe, Eugene T.** U  
99-128 Aiea Hts. Dr., #105  
Aiea 96701 487-8922  
Georgetown U. '75  
Julienne  
OCMS



**Tanaka, Kazushi** GS\*  
45-939 Kam Hwy., #105  
Kaneohe 96744 247-4811  
Keio Gijuku U. '56  
Myra 262-4856  
1345 Lopaka Pl.  
Kailua 96734 OCMS



**Taniguchi, Paula E.**  
U. of Hawaii '84  
3350 Loulu St.  
Honolulu 96822 OCMS - STU



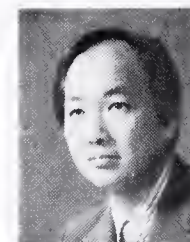
**Taniguchi, Raymond M.** NS\*  
1380 Lusitana St., #415  
Honolulu 96813 538-6520  
Tulane U. '60  
Helen 947-3539  
2026 Ahualani Pl.  
Honolulu 96822 OCMS



**Taniguchi, Tokuso** GS\*  
Tulane U. '46  
935-4788  
177 Kaiulani St.  
Hilo 96720 HCMS-RET



**Tanoue, Roy** GS\*  
3538 Waiālae Ave., #203  
Honolulu 96816 734-0245  
Rush Med. Col. '40  
Marjorie 732-0441  
37878 Diamond Head Rd.  
Honolulu 96816 OCMS



**Tashima, Wilfred I.** GS\*  
1697 Ala Moana  
Honolulu 96815 949-5811  
Boston U. '62  
Lily 373-4914  
1623 Hoaina Pl.  
Honolulu 96821 OCMS



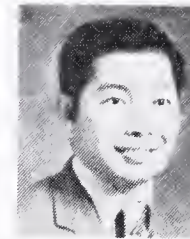
**Teraoka, Jeffrey K.**  
U. of Hawaii '84  
3956 Monterey Pl.  
Honolulu 96816  
OCMS - STU



**Teruya, Kazuo** OTO\*  
1380 Lusitana St., #1007  
Honolulu 96813 531-7283  
Loma Linda U. '58  
Rose 247-1143  
46-431 Hulupala Pl.  
Kaneohe 96744 OCMS



**Teruya, Kent K.** U\*  
839 S. Beretania St.  
Honolulu 96813 531-6471  
Creighton U. '73  
Karen



**Teruya, Thomas H.** OBG\*  
2525 S. King St., #308  
Honolulu 96826 941-1577  
Hahnemann Med. Col. '62  
Margie 538-6502  
2560 Makiki Hts. Dr.  
Honolulu 96822 OCMS



**Tesoro, Richard P.** FP\*  
302 California Ave.  
Wahiawa 96786 622-1618  
U. of Oregon '63  
Adele 623-7658  
95-192 Mohai Pl.  
Mililani 96789 OCMS





**Thompson, Jimmy M.**  
U. of Hawaii '85  
1529 Alencostre St.  
Honolulu 96816 OCMS - STU



**Thune, Robert** AI\*, IM\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of Zagreb '58  
Penelope  
OCMS



**Tilden, Irvin** PTH\*  
U. of Nebraska '35  
Mary 878-6180  
204 Kawehi Pl.  
Kulo 96790 OCMS - RET



**Tofukuji, Mamoru** OTO, OPH  
Loyola U. '41  
Ayoko 244-0528  
434 Liholiho St.  
Wailuku 96793 MCMS - RET



**Tokeshi, Jinichi** FP\*  
1451 S. King St., #209  
Honolulu 96814 949-6221  
U. of Hawaii '75  
Sandro 839-5624  
1396 Ala Napunani St.  
Honolulu 96818 OCMS



**Tom, Benjamin C.K.** GS\*  
1380 Lusitana St., #1004  
Honolulu 96813 536-4431  
Hahnemann Med. Col. '55  
Allison 533-1466  
1214 Nehoa St.  
Honolulu 96822 OCMS



**Tom, Kam S.** OBG\*  
1319 Punahou St., #950  
Honolulu 96826 946-5238  
Loyola U. '39  
Morjorie 949-6362  
2043 Uolakaa St.  
Honolulu 96822 OCMS



**Tomai, Elbert** OBG\*  
321 N. Kuokini St., #200  
Honolulu 96817 523-8611  
Northwestern U. '67  
Janet 734-6109  
944 Koloo St.  
Honolulu 96816 OCMS

# PROFESCO



THE NATIONAL FINANCIAL  
SERVICE ORGANIZATION  
FOR PROFESSIONALS

## OUR ORGANIZATION

PROFESCO is an organization of franchised specialists. We are national in scope with offices in all major cities. Our Organization is endorsed by many professionals and businesses.

## OUR OBJECTIVE

PROFESCO's objective is to assist professionals in planning and attaining their financial goals. Our planning techniques enable our clients to concentrate their personal efforts on business or practice obligations.

## Consulting

Financial Analysis • Qualified Retirement Planning • Office & Building Design

## Financing

Equipment Financing & Leasing • Loans

## Insurance

Life • Health & Disability • Property & Casualty

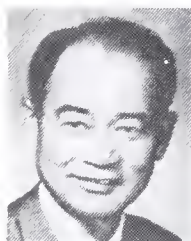
## Tax Shelters

Limited Partnerships: Real Estate • Equipment Financing & Leasing • Oil & Gas Programs

Put PROFESCO to work for your future!



*PROFESCO of Hawaii*  
1144 10th Ave., Suite 300  
Honolulu, HI 96816  
**735-2345**



**Tomita, Theodore T.** FP  
U. of Michigan '43  
Pearl 536-6280  
1010 Wilder Ave., #804  
Honolulu 96822 OCMS - RET



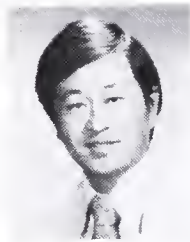
**Trager, Milton** GP, PM  
U. Autonoma De Guadalajara '55  
Emily  
2003 Kalia Rd., #21H  
Honolulu 96815 OCMS - RET



**Ubogy, Zeena**  
2230 Liliha St.  
Honolulu 96817  
U. of Texas '81  
OCMS - RES



**Tomomitsu, Eliot N.** PD\*  
321 N. Kuakini St., #200  
Honolulu 96817 523-8611  
U. of Hawaii '76  
Gail  
OCMS



**Tsai, Joseph C.S.** IM\*  
45-1144 Kam Hwy., #301  
Kaneohe 96744 235-6464  
Taipei Med. Col. '69  
Linda 261-2933  
1365 Kukana Wy.  
Kailua 96734 OCMS



**Uechi, Michael D.S.** U\*  
321 N. Kuakini St., #507  
Honolulu 96817 523-7991  
U. of Washington '69  
Trudy 488-3240  
98-1798 Hapaki St.  
Aiea 96701 OCMS



**Ton, Vien That** AN  
1380 Lusitana St., #709  
Honolulu 96813 533-3865  
U. de Hue '68  
Kimthu 395-1610  
7140 Kamila St.  
Honolulu 96825 OCMS



**Tseu, Theodore K.L.** OBG\*  
1380 Lusitana St., #808  
Honolulu 96813 538-1194  
Yale U. '56  
Sandra 396-9990  
2018 Paiko Dr.  
Honolulu 96821 OCMS



**Uehara, Sakae** GS\*  
1827 Wells St.  
Wailuku 96793 244-7402  
U. of Chicago '55  
Fumiko 244-5732  
178 Naniloa Dr.  
Wailuku 96793 MCMS



**Tong, Wyman E.** PD\*  
45-939 Kam Hwy.  
Kaneohe 96744 247-6644  
Marquette U. '66  
Bonita 261-3681  
922 Kamahale St.  
Kailua 96734 OCMS



**Tsuei, Julia J.** OBG\*  
181 S. Kukui St.  
Honolulu 96813 537-3311  
Nat'l Shanghai Med. Col. '52  
Paul Peng 395-1785  
935 Kaluanui Rd.  
Honolulu 96825 OCMS



**Uemura, Herbert S.** PTH\*, CLP\*  
1319 Punahou St.  
Honolulu 96826 947-8554  
U. of Nebraska '60  
Jane 373-4338  
160 Hind Dr.  
Honolulu 96821 OCMS



**Torres, Ignacio A.** GS\*, TS\*  
2228 Liliha St., #407  
Honolulu 96817 521-8595  
U. of Philippines '62  
595-7752  
OCMS



**Tucker, Jerome L.** OPH\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
Tulane U. '52  
Alice 373-3897  
5273 Papai St.  
Honolulu 96821 OCMS



**Umaki, Isami** OBG  
Northwestern U. '37  
988-4461  
3115 Oahu Ave.  
Honolulu 96822 OCMS - RET



**Tottori, Hiroaki** PD\*  
1024 Piikoi St.  
Honolulu 96814 533-3868  
Tulane U. '59  
Evelyn 988-6524  
3075 Hiehie St.  
Honolulu 96822 OCMS



**Tun, Than** AN  
600 Kapiolani Blvd., #203  
Honolulu 96813 521-7427  
Institute of Med. '68  
Thida Swe 531-4455  
1245 Maunakea St., #709  
Honolulu 96817 OCMS



**Underwood, Edward B.** GP  
51 Kam Ave.  
Kahului 96732 877-5031  
State U. of N.Y.-Brooklyn '32  
877-4004  
689 Holua Dr.  
Kahului 96732 MCMS



**Tottori, Mitsuo** PD\*  
1024 Piikoi St.  
Honolulu 96814 533-3868  
Tulane U. '55  
Jane  
1819 Mott-Smith Dr.  
Honolulu 96822 OCMS



**Tyau, George K.F.** GP  
Jefferson Med. Col. '31  
Kathryn 595-3988  
121 Ragsdale Pl.  
Honolulu 96817 OCMS - RET



**Uohara, John K.** OBG\*  
670 Ponahawai St., #200  
Hilo 96720 961-6608  
U. of Hawaii '75  
Betsy 935-7730  
1706 Wailuku Dr.  
Hilo 96720



**Townsend, Marilu** EM  
1190 Waianuenue Ave.  
Hilo 96720 961-4211  
Marquette U. '70  
961-6834  
271 Silva St.  
Hilo 96720 HCMS



**Tyau, Steven** FP\*, PUD  
1109 12th Ave.  
Honolulu 96816 737-3168  
St. Johns U. '40  
734-5281  
3711 Waiialae Ave.  
Honolulu 96816 OCMS



**Urata, Maxwell M.** NS  
321 N. Kuakini St., #302  
Honolulu 96817 536-2495  
Washington U. '59  
Sarah 988-4469  
1920 Awapuhi St.  
Honolulu 96822 OCMS





**Ushiyama, Yoshiki** IM  
1010 S. King St., #604  
Honolulu 96814 538-7886  
Tokyo Jikei-Kai Med. Sch. '51  
Morcio  
OCMS



**Voralik, Frank J.** DR\*  
1314 S. King St., #704  
Honolulu 96814 944-9144  
Harvard Med. Sch. '71  
Charlotte 944-8339  
1650 Ala Moana, #2411  
Honolulu 96815 OCMS



**Wakai, Coolidge S.** IM, CD  
1010 S. King St., #110  
Honolulu 96814 531-4288  
State U of N.Y.-Buffalo '53  
Edith  
1518 Ipukulo St.  
Honolulu 96821 OCMS



**Uto, Glenn A.** IM\*  
321 N. Kuokini St., #607  
Honolulu 96817 523-5623  
U. of Hawaii '77  
Bernice 595-4977  
59A Niniko Pl.  
Honolulu 96817 OCMS



**Wachi, Dennis H.** IM\*, ON  
1520 Liliho St., #504  
Honolulu 96817 533-3808  
U. of Colorado '74  
Pauline 373-2327  
OCMS



**Wakatake, Yorio** OBG  
2038 S. King St.  
Honolulu 96814 941-7047  
Loma Linda U '34  
Kotsumi 949-8250  
2014 Monoo Rd.  
Honolulu 96822 OCMS



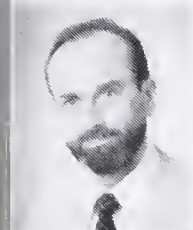
**Uyeno, R.K.** GP  
1374 Nuuanu Ave.  
Honolulu 96817 533-4762  
Tulane U. '34  
Aiko 595-3248  
3239 Poli Hwy.  
Honolulu 96817 OCMS



**Wade, Burt O.** GP, GS  
Woimea Clinic  
Waimea 96796 338-1645  
Loma Linda U. '32  
Marion 338-1808  
Woimea 96796 KCMS



**Walinski, Thomas N.** ORS\*  
1380 Lusitana St., #608  
Honolulu 96813 536-2261  
Creighton U '68  
Margarita 737-8232  
4122 Pakolu Pl.  
Honolulu 96816 OCMS



**Varady, Lothar M.** P\*  
30 Aulike St., #402  
Kailua 96734 261-6141  
Karl Franzens U. '52  
732-6150  
5036 Maunalani Cr.  
Honolulu 96816 OCMS



**Waite, Verne C.** GS\*, GE  
3675 Kilauea Ave.  
Honolulu 96816 734-0221  
U. of Michigan '39  
Jane  
3636 Kilauea Ave.  
Honolulu 96816 OCMS



**Vasconcellos, A. Leslie** FP  
Creighton U. '41  
841-2012  
3148 Kolihi St.  
Honolulu 96819 OCMS - RET



**Vennesland, Kirsten** PH\*  
U. of Chicago '42  
254-3294  
1206 Mokapu Blvd.  
Kailua 96734 OCMS - RET



**Virnig, Anne G.**  
U. of Hawaii '85  
941-3735  
2002G Hunnewell St.  
Honolulu 96822 OCMS - STU



**Vitousek, Sharon H.**  
U. of Hawaii '79  
946-5860  
4009 Round Top Dr.  
Honolulu 96822 OCMS - RES

# MILEX-HAWAII

Gynecological Specialties

**Arcing Diaphragms**

WIDE SEAL—SHUR-SEAL GEL

**Cancer Detection**

TIS-U-TRAP

CANNULA-CURETTE

PAP SMEAR SPATULAS

LAMINARIA JAPONICA TENTS

**Medications**

TRIMO-SAN

AMINO-CERV

**PESSARIES**

**INFERTILITY ITEMS**

**CONSULTATION BOOKLETS**

**FOR PATIENTS**

over 30 titles

**BOX 6337 HONOLULU, HI 96818**

Phone 422-9581





**Wall, Garton E.** FP\*, OM  
2259 Kalakaua Ave.  
Honolulu 96815 923-7311  
Northwestern U. '33  
Ellabelle  
2667 Tantalus Dr.  
Honolulu 96813 OCMS



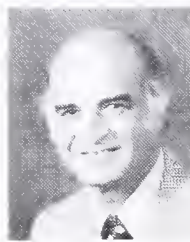
**Ward, Donovan F.** GS  
U. of Iowa '30  
Marjorie (319) 583-6657  
2355 Conventry Park, #102  
Dubuque, Iowa 52001 MCMS - HON



**Watt, Phillip H.F.** PD\*  
1481 S. King St., #201  
Honolulu 96814 947-3781  
Creighton U. '53  
Myra 595-3040  
3303 Kamaaina Dr.  
Honolulu 96817 OCMS



**Wallach, Stephen J.** CD\*, IM\*  
848 S. Beretania St., #315  
Honolulu 96813 521-3851  
U. of Oklahoma '69  
Vicki 254-1830  
268 Iliaia St.  
Kailua 96734 OCMS



**Warshauer, Frederick B.** GS\*, TS  
839 S. Beretania St.  
Honolulu 96813 531-6471  
U. of Colorado '40  
Fay  
2459 Aha Aina Pl.  
Honolulu 96821 OCMS



**Watt, Walter H.K.** IM  
1481 S. King St., #327  
Honolulu 96817 949-8988  
Creighton U. '57  
Dalliane 538-7355  
2169 Matt-Smith Dr.  
Honolulu 96822 OCMS



**Walsh, Patrick J.** FP\*  
550 S. Beretania St.  
Honolulu 96813 537-2211  
U. of Michigan '58  
Carolyn  
3029 Puiwa Ln.  
Honolulu 96817 OCMS



**Wasson, Eugene C. III** DR\*, NM  
221 Mahalani St.  
Wailuku 96793 242-2052  
U. of Kansas '68  
Linda 877-4017  
313 Paani Pl.  
Paia 96779 MCMS



**Waxman, Sorrell H.** PD\*, ADL\*, PDE  
1319 Punahau St., #1100  
Honolulu 96826 955-7845  
U. of Taranta '56  
Tia 732-0273  
1790 Halekaa Dr.  
Honolulu 96821



**Walsh, William M.** GP, FP  
1270 Queen Emma St., #419  
Honolulu 96813 734-4557  
Rush Med. Cal. '42  
Mildred 735-2711  
4674 Aukai St.  
Honolulu 96816 OCMS



**Watanabe, Brian I.**  
U. of Hawaii '85  
1054 Kala Pl., #305  
Honolulu 96826 OCMS - STU



**Wee, Timothy I.** FP  
34 Makani Ave.  
Wahiawa 96786 622-4191  
Northwestern U. '35  
Miriam 621-5094  
40 Makani Ave.  
Wahiawa 96786 OCMS



**Wang, Allan V.T.**  
U. of Hawaii '85  
2139 Chamberland St.  
Honolulu 96822 OCMS - STU



**Watanabe, Henry K.** P\*  
11320 Struttman Terrace  
Rockville, MD 20852  
Tulane U. '60  
D. Wanda  
OCMS



**Weeks, Bertram A.** IM\*  
U. of Oklahoma '41  
575-2721  
R.R. 1, Box 288  
Haiku 96708 MCMS - RET



**Wang, Angela C.C.**  
U. of Hawaii '84  
1503 Ulukaku Pl.  
Kailua 96734 OCMS - STU



**Watanabe, Tetsui** R  
Rush Med. Cal. '38  
Alice 732-7457  
4449 Kilaua Ave.  
Honolulu 96816 OCMS - RET



**Wehrenberg, James H.** P, EM  
1314 S. King St., #1054  
Honolulu 96814 524-2575  
U. of Wisconsin '76  
735-2972  
OCMS



**Wang, Elsie Blossom** IM\*  
2228 Liliha St., #307  
Honolulu 96817 524-2772  
Stanford U. '73  
Eugene Altman



**Watson, John R.** PH\*, OTO\*  
Sch. of Pub. Health, U. of Hawaii  
Honolulu 96822 948-8585  
Landon U. '49  
Muriel 734-8141  
4704 Aukai Ave.  
Honolulu 96816 OCMS



**Weiner, Michael D.** PS\*  
407 Uluniu St.  
Kailua 96734 262-6961  
U. of Minnesota '68  
Danna 456-2279  
2272 Ailola Pl.  
Pearl City 96782 OCMS



**Wang, Jun-Ch'uan** R  
U. of Minnesota '46  
Mennanite Christian Hospital  
Hualien, Taiwan 950 OCMS - RET

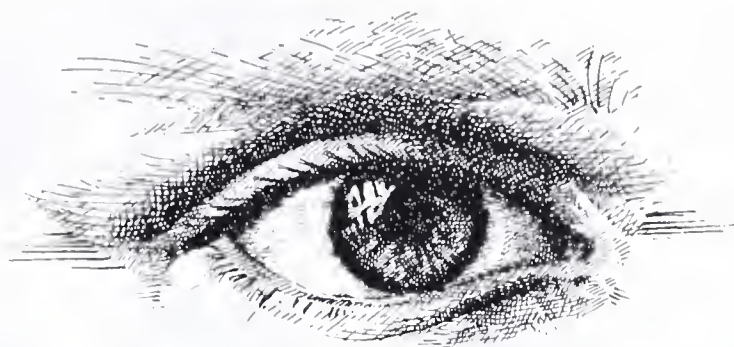


**Watt, Dave G.**  
U. of Hawaii '82  
732-6276  
851 4th Ave.  
Honolulu 96816 OCMS - STU



**Welch, Kathleen** FP  
910 Wainee St.  
Lahaina 96761 661-0081  
U. of Washington '75  
Frederic Martini  
P.O. Box 207  
Lahaina 96761 MCMS





**If you don't  
evaluate  
Wang computers,  
you run the risk  
of automating  
your office  
too late,  
for too much,  
with too little.**

**WANG**

The Office Automation Computer Company

**Honolulu** 615 Piikoi St. 105  
**526-1733** Honolulu, HI 96814

**Maui** 1063 Lower Main St. 216  
**242-4731** Wailuku, Maui 96793



**Wellington, John S.** PTH\*, GS\*  
 1960 East-West Rd.  
 Hanalulu 96822 948-8287  
 U. of Calif.-S.F. '45  
 Mary Jane 955-6158  
 2064 Alihilani Pl.  
 Hanalulu 96822 OCMS



**Wiebe, Robert A.** PD\*  
 1319 Punahau St.  
 Hanalulu 96826 947-8511  
 Tulane U. '67  
 Sidney 623-3516  
 95-458 Hakuula lp.  
 Mililani 96789 OCMS



**Williams, Sandra S.**  
 U. of Hawaii '84  
 3703 Pelu Pl.  
 Hanalulu 96816 OCMS - STU



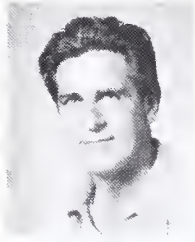
**Wentworth, Mark A.** FP\*  
 P.O. Box 668  
 Waimea 96796 338-1664  
 Bastan U. '70  
 Patricia 338-1173  
 P.O. Box 427  
 Waimea 96796 KCMS



**Wienke, James W.** GS\*  
 53 Puunene Ave.  
 Kahului 96732 877-6655  
 U. of Calif.-L.A. '69  
 Marilyn 572-8669  
 305 Aliilani St.  
 Pukalani 96788 MCMS



**Williams, Shauna Tseu**  
 1900 East-West Road  
 Hanalulu 96822 948-8300  
 U. of Hawaii '84  
 Richard 949-5741  
 2157 Atherton Rd.  
 Hanalulu 96822 OCMS - STU



**West, Richard M.** ORS\*  
 2180 Main St.  
 Wailuku 96793 242-6464  
 Indiana U. '67  
 Dryna 877-0410  
 588 Stable Rd.  
 Spreckelsville 96779 MCMS



**Wigle, Arch T.** FP\*, OM  
 Ka'u Medical Clinic, Box 158  
 Pahala 96777 928-8353  
 Wayne State U. '43  
 Helen 928-8966  
 P.O. Box 670  
 Pahala 96777 HCMS



**Williams, Vern R.**  
 U. of Hawaii '84  
 3703 Pelu Pl.  
 Hanalulu 96816 OCMS - STU



**West, Rodney T.** OBG  
 Northwestern U. '35  
 Mary Ann 734-1041  
 4216 Alae St.  
 Hanalulu 96816 OCMS - RET



**Wilkinson, Robert W.** PD\*, PHO\*  
 550 S. Beretania St.  
 Hanalulu 96813 537-2211  
 Tulane U. '67  
 Molly 734-5470  
 2198 Ahaku Pl.  
 Hanalulu 96821 OCMS



**Wilson, Stephen**  
 Yale U. '81  
 UH Surg. Res. Mailbox  
 Hanalulu 96822 OCMS - RES



**Whang, Edmund S.M.** IM\*, NEP  
 34 Makani Ave.  
 Wahiawa 96786 622-4191  
 State U. of N.Y.-Downstate '67  
 623-4271  
 95-660 Hinalii St.  
 Mililani 96789 OCMS



**Wilkinson, William H.** FP, OBG  
 302 California Ave.  
 Wahiawa 96786 622-1666  
 Stanford U. '39  
 Mary Ann 623-2021  
 95-180 Wainaku Pl.  
 Mililani 96789 OCMS



**Wilson, Wayne R.** OPH\*  
 550 S. Beretania St.  
 Hanalulu 96813 537-2211  
 U. of Washington '58  
 Tedi 988-7444  
 3724 Loulu St.  
 Hanalulu 96822 OCMS



**Whelan, Thomas J. Jr.** GS\*  
 1380 Lusitana St., #804  
 Hanalulu 96813 524-3020  
 Yale U. '46  
 Norma 734-8162  
 921 Makaiwa St.  
 Hanalulu 96816 OCMS



**Will, Drake W.** PTH\*  
 1301 Punchbowl St.  
 Hanalulu 96813 547-4271  
 U. of Calif.-L.A. '56  
 734-5086  
 727 Hanua St.  
 Hanalulu 96816 OCMS



**Windsor, Jeanne K.**  
 U. of Hawaii '85  
 1924 McKinley St.  
 Hanalulu 96822 OCMS - STU



**White, Roger L.** CD\*, IM\*  
 888 S. King St.  
 Hanalulu 96813 523-2311  
 U. of Chicago '74  
 Dr. Inrene Saikevych  
 2745 Terrace Dr.  
 Hanalulu 96825 OCMS



**Willet, Edwin D.** GP, OM  
 Box 1106  
 Kamuela 96743 885-4295  
 Geo. Washington U. '50  
 Elizabeth 885-4064  
 Lat 15  
 Lalamila HCMS - RET



**Winn, Neal E.** OBG\*  
 1319 Punahau St., #1180  
 Hanalulu 96826 955-6324  
 McGill U. '63  
 Carol Lynne  
 1639 Haaina Pl.  
 Hanalulu 96821 OCMS



**White, T. Robert** GP  
 Harvard Med. Sch. '37  
 Marjorie (714) 327-5956  
 235 W. El Portal  
 Palm Springs, CA 92262 OCMS - RET



**Williams, James R.** R\*  
 670 Panahawai St.  
 Hilo 96720 935-1155  
 U. of Tennessee '49  
 Charlotte 961-3236  
 224 Paukaa Dr.  
 Hila 96720 HCMS



**Winston, Hamilton M.** OBG  
 40 Aulike St., #412  
 Kailua 96734 261-9791  
 U. of Oklahoma '60  
 Jaellen 261-5332  
 322 Aalaa St., PH7  
 Kailua 96734 OCMS





**Winter, Lawrence H.** GP  
1520 Liliho St., #304  
Honolulu 96817 523-0445  
Stanford U. '51  
Doris 941-9585  
2220 Hoononeo St.  
Honolulu 96822 OCMS



**Won, Francis K.L.** IM  
1286 Queen Emma St.  
Honolulu 96813 536-6107  
Creighton U. '48  
Claire 538-3569  
2736 Tontolus Dr.  
Honolulu 96813 OCMS



**Wong, Bradley D.** GS\*  
1380 Lusitana St., #707  
Honolulu 96813 538-1050  
Jefferson Med. Col. '75  
Gwendolyn 732-1965  
3783 Lurline Dr.  
Honolulu 96816



**Wiperman, R.P.**  
Hilo Hospital-Extended Care  
Hilo 96720 961-4274  
Loma Linda U. '39  
935-4541  
1383 Wailuku Dr.  
Hilo 96720 HCMS



**Wong, A.Y.** FP  
53 Puunene Ave.  
Kohului 96732 877-6466  
Tulane U. '44  
Koy 244-0830  
231 Leinoni Dr.  
Wailuku 96793 MCMS



**Wong, Calvin Y.H.** CD\*, IM\*  
1441 Kapiolani Blvd., #610  
Honolulu 96814 942-2816  
Cornell U. '74  
Susan 732-0700  
1755 Hialeka Dr.  
Honolulu 96821 OCMS



**Withers, John N.** GS\*  
53 Puunene Ave.  
Kohului 96732 877-6655  
U. of Colorado '59  
Corole 572-8272  
245 Awolou St.  
Hoiku 96708 MCMS



**Wong, Art** PD  
839 S. Beretonia St.  
Honolulu 96813 531-6471  
U. of Calif.-Davis '76  
Sharon 239-7696  
47-617 Puopoo Pl.  
Koneohe 96744



**Wong, Carolina D.** GP  
1744 Liliho St.  
Honolulu 96817 536-6741  
U. of Santo Tomas '51  
Ronald 595-6694  
1128D Alewa Dr.  
Honolulu 96817 OCMS



**Witt, Robert L.**  
Jefferson Med. Col. '81  
411 Hobron Ln.  
Honolulu 96815 OCMS - RES



**Wong, Arthur K.** RHU, IM  
1314 S. King St., 4th Fl.  
Honolulu 96814 531-8011  
Tulane U. '56  
Melisso 595-7133  
OCMS



**Wong, Desmond K.W.** GS\*  
102 Kinoole St.  
Hilo 96720 935-4824  
U. of Hong Kong '64  
Dorothy 935-8190  
1470 Woiohuenue Ave.  
Hilo 96720 HCMS

## Argonaut Insurance Company

### The Professionals in Professional Liability. . .

- Leaders in Hawaii malpractice insurance since 1971.
- Affordable coverage tailored to fit the needs of hospital or physician.
- Complete risk management services, including loss control, claims, and financial analysis.

Let us help you meet your patient care responsibilities and protect your financial integrity.

**Argonaut**  
Where people  
take your business seriously.



1600 Kapiolani Boulevard, Suite 600  
Honolulu, Hawaii 96814





**Wong, Eugene G.C.** NEP, IM\*  
1380 Lusitana St., #814  
Honolulu 96813 537-6331  
Washington U. '65  
Bernodette  
OCMS



**Wong, Roger H.W.** IM  
3703 Waioloe Ave.  
Honolulu 96816 734-0333  
Creighton U. '78  
735-5100  
OCMS



**Woo, A. Stephen Jr.** PTH\*  
275 Ponohowoi St., #104  
Hilo 96720 961-4226  
Marquette U. '64  
Georgionno  
193 Halai St.  
Hilo 96720 HCMS



**Wong, Eugene N.** AN  
1380 Lusitana St., #709  
Honolulu 96813 533-3865  
U. of Heidelberg '61  
Irene 395-3296  
273 Poipu Dr.  
Honolulu 96825 OCMS



**Wong, Rose K.L.** IM  
848 S. Beretanio St., #305  
Honolulu 96813 537-9446  
Boston U. '62  
734-8828  
4144 Papu Cr.  
Honolulu 96816 OCMS



**Woo, Timothy D.** FP, OM  
180 Kinooole St., #205  
Hilo 96720 935-3378  
St. Johns U. '35  
935-6993  
HCMS



**Wong, Herbert Y.K.** IM  
1507 S. King St., #202  
Honolulu 96826 941-7171  
Marquette U. '59  
Winifred 737-0457  
4223 Sierra Dr.  
Honolulu 96816 OCMS



**Wong, Sou Ki** OPH  
Jefferson Med. Col. '45  
Paula 373-1701  
1020 Woiiki St.  
Honolulu 96821 OCMS - RET



**Wood, Dovid E.** PO\*, AOL\*  
98-1247 Koohumonu St., #301  
Aieo 96701 487-8990  
Johns Hopkins U. '55  
Ellen 732-3414  
4826 Motsonia Dr.  
Honolulu 96816 OCMS



**Wong, James T.S.** OBG\*  
1380 Lusitono St., #404  
Honolulu 96813 524-7510  
Jefferson Med. Col. '44  
Donna 595-3472  
3490 Kohowolu Dr.  
Honolulu 96817 OCMS



**Wong, Sidney B.W.** R\*  
888 S. King St.  
Honolulu 96813 523-2311  
Northwestern U. '64  
Ming Lan 395-5292  
990 Pukaa Pl.  
Honolulu 96825 OCMS



**Worrell, Paul M.**  
U. of Washington '69  
3529 88th Ave., #E  
Anchorage, Alaska 99507  
OCMS - RES



**Wong, Lawrence Y.W.** FP  
3705 Woioloe Ave., #209  
Honolulu 96816 732-2555  
U. of Michigan '58  
Jaon 734-2044  
629 Paikau St.  
Honolulu 96816 OCMS



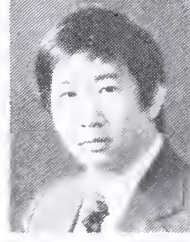
**Wong, Sonny J.H.**  
2230 Liliha St.  
Honolulu 96817  
Otago U. '78  
Jennifer 262-2571  
7228 Molunui Ave.  
Kailua 96734 OCMS - RES



**Wyott, Clarence A. Jr.** OBG\*  
550 S. Beretanio St.  
Honolulu 96813 537-2211  
Albany Med. Col. '43  
OCMS



**Wong, Livingston M.F.** GS\*  
2228 Liliho St., #208  
Honolulu 96817 523-0166  
U. of Oregon '59  
235-0993  
46-412 Haiku Plantation Dr.  
Koneahe 96744 OCMS



**Wong, Terry C.Y.** END\* IM\*  
1380 Lusitana St., #506  
Honolulu 96813 524-6922  
U. of Washington '65  
Kathleen 737-9955  
918 Iiwi St.  
Honolulu 96816 OCMS



**Yomado, Edward Y.** IM  
321 N. Kuokini St., #200  
Honolulu 96817 523-8611  
Cose Western Reserve U. '52  
Alberto 737-2307  
871 Onaho St.  
Honolulu 96816 OCMS



**Wong, Melvin C.W.**  
U. of Hawaii '84  
4992 Paala St.  
Honolulu 96821 OCMS - STU



**Wong, Warren L.H.** IM  
1380 Lusitono St., #1009  
Honolulu 96813 536-1974  
New York U. '48  
Ruth 955-2111  
OCMS



**Yomamoto, Gilbert K.** OPH\*  
321 N. Kuokini St., #401  
Honolulu 96817 531-5993  
U. of Calif.-S.F. '70  
Sheilo 737-5747  
1519 Kalaepohoku Pl.  
Honolulu 96816 OCMS



**Wong, Robert T.** OPH\*  
1147 Union Mall, P.O. Box 3229  
Honolulu 96801 536-8540  
Jefferson Med. Cal. '36  
Horriet 737-7576  
3777 Diamond Head Cr.  
Honolulu 96815 OCMS



**Wong, William K.** O\*  
99-128 Aieo Hts. Dr., #703  
Aieo 96701 487-7938  
U. of Calif.-L.A. '68  
Rito 235-4437  
46-306 Hoiku Plantation Dr.  
Koneahe 96744 OCMS



**Yamamoto, Loren G.**  
U. of Hawaii '83  
1351 Kaweloka St.  
Pearl City 96782 OCMS - STU





**Yamamoto, Shigeo** U  
171 S. King St., #405  
Honolulu 96814 533-7141  
Northwestern U. '29 536-8834  
1265 Nehoa St.  
Honolulu 96822 OCMS



**Yamane, Richard N.** PD  
Loyola U. '33 737-0986  
943 12th Ave.  
Honolulu 96816 OCMS - RET



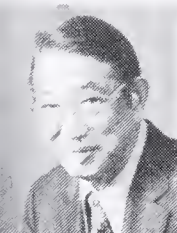
**Yamasaki, Margaret K.** OPH  
1451 S. King St., #211  
Honolulu 96814 949-3455  
Toha Med. U. '42  
Susumu Otake 455-3958  
2134 Aluka Lp.  
Pearl City 96782 OCMS



**Yamashira, Charles H.** TR\*  
1301 Punchbowl St.  
Honolulu 96813 547-4771  
U. of Calif.-L.A. '72  
142 Kailuono Pl.  
Kailua 96734 OCMS



**Yamashira, Charles K.** 086\*  
122 Oneawa Pl.  
Kailua 96734 261-6720  
Lama Linda U. '50  
Naami 261-6506  
22 Kaiholu Pl.  
Kailua 96734 OCMS



**Yamashita, Gaanza** PD  
Loma Linda U. '31 949-6212  
2225 Seoview Ave.  
Honolulu 96822 OCMS - RET



**Yamauchi, Richard M.** GP  
1945 Kilouea Ave.  
Hilo 96720 949-8525  
Hahnemann Med. Col. '51  
Maxine 949-8555  
1945 Kilouea Ave.  
Hilo 96720 HCMS



**Yamauchi, Shaye** GS  
321 N. Kuokini St., #304  
Honolulu 96817 536-7817  
U. of Michigan '31  
Erno 946-6704  
1517 Makiki St., #1105  
Honolulu 96822 OCMS

# BUSINESS INSURANCE? We'll suit you perfectly.

Whether you're into construction, maritime, EDP, aviation, retail or financial service . . . We'll help you get the best value for your insurance dollar. Most of the terms and conditions affecting your insurance are negotiable including premium levels. Let us get to know your business goals thoroughly and we'll negotiate a perfect fit for you.

Let us prove we're the full service pros you want . . . Whether in property/casualty or employee benefits, the SELF & WONG agent is a trained specialist with full responsibility for his/her own accounts. We're organized to serve clients in Hawaii, with the in-house risk management skills and underwriting connections, yet never impersonal.



Value and benefits, not just premiums . . . Business insurance costs including benefits now can add up to 5% or 10% of revenues, or even higher depending on the industry. With these costs, we know you want value in return. Every dollar saved comes straight down the bottom line, but you have to know where the waste is. We're experts with the cutting shears.

Service is important too . . . Service means applying our skills at the right time for you. The insurance industry changes too, and many programs common today were not available a year or two ago. The best risk management plan will degrade if not updated skillfully. Let us match the changes in our business with the changes in your business!

self &  
wong

523-7975

1111 Fort Street Mall Honolulu, HI 96813

## Insurance tailors

Business coverage perfectly suited to your style.

The people who built it had  
years of rigorous training.  
The people who  
service it should as well.



**THEODAVIES  
EUROMOTORS**

A subsidiary of  
Theo H. Davies & Co., Ltd

Hawaii's only authorized Mercedes-Benz dealer

OAHU  
704 Ala Moana Boulevard  
Honolulu—Ph 531-5971

MAUI  
40 South Hana Highway  
Kahului—Ph 877-5091

HAWAII  
124 Wiwoole Street  
Hilo—Ph. 961-6087





**Yang, Henry H.**  
U. of Hawaii '84  
1054 Kalo Pl., #403A  
Honolulu 96826 OCMS - STU



**Yee, Cyrus W.** OPH  
1641 Nuuanu Ave.  
Honolulu 96817 536-8728  
Hahnemann Med. Col. '36  
Fookie 595-3289  
21 Homeloni Pl.  
Honolulu 96817 OCMS



**Yim, Henry L.** PD\*  
45-939 Kom Hwy.  
Koneohe 96744 247-6644  
Jefferson Med. Col. '56  
Bernodine 247-0229  
45-185 Nohiku St.  
Koneohe 96744 OCMS



**Yap, Peter J.**  
Jefferson Med. Col. '40  
949-6809  
1860 Ala Moana, S802  
Honolulu 96815 OCMS - RET



**Yee, Doris**  
U. of Michigan  
Dr. Samuel 595-2761  
2328 Nuuanu Ave.  
Honolulu 96817 OCMS - RET



**Yokochi, Gareth C.** O8G\*  
98-1247 Koohumonu St., #215  
Aieo 96701 487-2477  
U. of Calif.-L.A. '73  
Anno  
OCMS



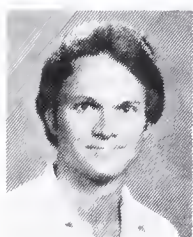
**Yap, Raymond C.** GP  
St. Johns U. '36  
Carol 538-1876  
1150 Dovenpart St.  
Honolulu 96822 OCMS - RET



**Yee, Lester P.K.** GS\*  
1641 Nuuanu Ave.  
Honolulu 96817 537-6521  
Harvard Med. Sch. '37  
Winifred 734-8685  
4145 Papu Cr.  
Honolulu 96815 OCMS



**Yokoyama, Henry N.** GP  
321 N. Kuokini St., #308  
Honolulu 96817 526-0639  
U. of Michigan '55  
Marjie 737-3807  
4733 Motsonio Dr.  
Honolulu 96816 OCMS



**Yapp, Robert G. Jr.** O8G\*  
2180 Moin St.  
Wailuku 96793 247-6464  
Emory U. '73  
Cynthia  
1124 Manu St.  
Kula 96790 MCMS



**Yee, Samuel L.** GS  
Harvard Med. Sch. '34  
Dr. Doris 947-4172  
1212 Punohou St., #3106  
Honolulu 96826 OCMS - RET



**Yonemura, Glenn S.**  
U. of Hawaii '84  
725-84 Luokoho St.  
Honolulu 96816 OCMS - STU



**Yarbrough, William J.** U\*  
888 S. King St.  
Honolulu 96813 523-2311  
U. of S. Carolino '68  
Julie 533-2020  
1010 Wilder Ave., #1001  
Honolulu 96822 OCMS



**Yeoh, Ghim Leong** R\*  
1481 S. King St., #202  
Honolulu 96814 949-0091  
U. of Nebraska '57  
944-2745  
583 Komoku St., #2501  
Honolulu 96826 OCMS



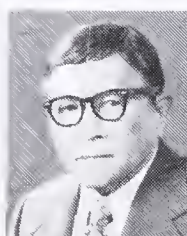
**Yoshida, Yutaka K.** GS\*  
1010 S. King St., #107  
Honolulu 96814 538-7445  
U. of Cincinnati '50  
Morgorie 595-3333  
40 Pulelehuo Woy  
Honolulu 96817 OCMS



**Yatsushiro, Guy N.**  
U. of Hawaii '80  
594 Kipuka Pl.  
Kailua 96734 OCMS - RES



**Yiengpruksawan, Anusak**  
P.O. Box 861  
Honolulu 96808  
Tohoku U. '78  
OCMS - RES



**Yoshimura, Kaname** FP  
U. of Nebraska '31  
Shizue 531-7694  
1511 Nuuanu Ave.  
Prince Tower R234  
Honolulu 96817 OCMS - RET



**Yazawa, Keiji** O8G\*  
1319 Punohou St., #940  
Honolulu 96826 946-8065  
Nippon Med. Sch. '62  
Koyoko 988-7364  
3642 Wooloa Pl.  
Honolulu 96822 OCMS



**Yim, Bernard J.B.** IM\*, CD  
2244 Liliho St.  
Honolulu 96817 595-4100  
U. of Rochester '52  
Borboro 988-4642  
3363 Alani Dr.  
Honolulu 96822 OCMS



**Yoshioka, Dan S.** AN\*  
1905 Vancouver Dr.  
Honolulu 96822 947-1329  
Tulane U. '69  
947-3112  
1905 Vancouver Dr.  
Honolulu 96822 OCMS



**Yee, Ann Barbara Ho** PD\*  
848 S. Beretonio St., #408  
Honolulu 96813 523-7573  
Womens Med. Col. of Pa. '61  
Herbert 734-0580  
5323 Kilauve Ave.  
Honolulu 96816 OCMS

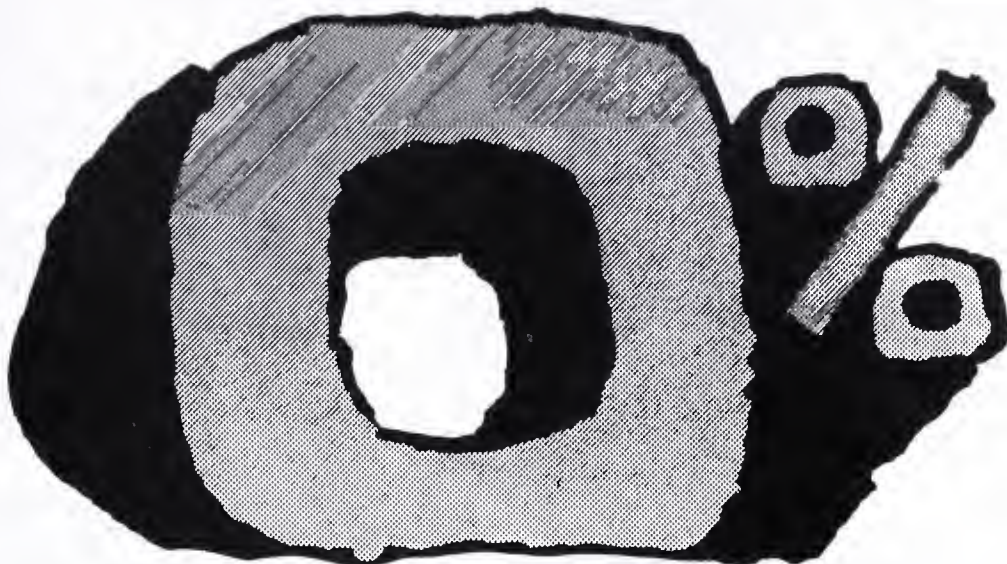


**Yim, Ernie M.S.** PUD, IM\*  
2228 Liliho St., #2020  
Honolulu 96817 533-1372  
Jefferson Med. Col. '74  
247-1256  
46-153 Keoe Pl.  
Kaneohe 96744 OCMS



**You, Richard W.** FP\*  
205 S. Vineyard St., #205  
Honolulu 96813 536-1085  
Creighton U. '43  
Eleonor 595-4210  
1104 Alewo Dr.  
Honolulu 96817 OCMS





# **PRESENTING THE LOWEST POSITIVE INTEREST RATE IN THE HISTORY OF THE WORLD.**

## **Lease a Brand New Savin Copier INTEREST FREE**

**0% Interest** While others are leasing copiers for 15, 18 even 20% interest, we're offering a slightly more reasonable lease rate. Zero. That's right. No interest, zilch, zip. You pay plenty of interest on your house and your car, you don't need it on your copier too.

**The Best . . . And The New** The 0% offer is for *new* Savins. We're not trying to stick you with a rebuilt, reconstructed, remanufactured, rehashed, revamped or re-anything machine. We're talking about new Savins, one of which will be just right for your needs, whether they're for automatic document feed, large or small document copying, high or low volume copying or reduction copying.

And each copier is built with the care and precision that has given Savin its international reputation for reliability and copy quality. They're loaded with state-of-the-art technology, including fiber optics, microprocessor controls, energy-saving automatic shutoff, and Savin's virtually jamproof short paper path.

Contact us this instant. Because a deal like this has one major drawback: It's too good to last!

**This offer good for a limited time only. Call today for immediate action.**

©Savin and Savin logotype are registered trademarks of Savin Corporation

**Savin**  
**Authorized Dealer**

### **WECO HAWAII INC.**

Copier Products Division

677 Ala Moana Blvd. • Suite 315

Honolulu, Hawaii 96813

Oahu	524-7230	Kauai	245-4061
Maui	877-3915	Big Island	935-5477





**Young, Allan H.W.** A\*  
1451 S. King St., #210  
Honolulu 96814 949-1898  
Creighton U. '56  
Lenore 734-3895  
3859 Pokapahu Pl.  
Honolulu 96816 OCMS



**Young, Edwin L.** OTO, OPH  
2228 Liliha St., #202  
Honolulu 96817 526-1585  
State U. of N.Y.-Downstate '46  
Mazie 737-8177  
650 Hakaka Pl.  
Honolulu 96816 OCMS



**Young, Franklin S.H.** PD\*  
1319 Punahou St., #1060  
Honolulu 96826 955-7808  
Creighton U. '67  
Madeline 988-7474  
2816 Poelua St.  
Honolulu 96822 OCMS



**Young, Herbert H.C. Jr.** PD\*  
94-235 Leoku St.  
Waipahu 96797 677-0711  
U. of Colorado '70  
Carolyn 455-8088  
2034 Akaikai Lp.  
Pearl City 96782 OCMS



**Young, James B.H.** U\*  
1380 Lusitana St., #409  
Honolulu 96813 521-1991  
St. Louis U. '58  
Joretta 395-3166  
157 Poipu Dr.  
Honolulu 96825 OCMS



**Young, Joseph S.T.** PD\*  
1507 S. King St., #408  
Honolulu 96814 947-3024  
New Jersey Med. Sch. '69  
Myrna 538-7450  
2133 Mott-Smith Dr.  
Honolulu 96822 OCMS



**Young, Lockwood S.J.** OBG\*  
1380 Lusitana St., #404  
Honolulu 96813 524-6272  
Jefferson Med. Col. '67  
Geraldine 734-5403  
2475 Aha Aina Pl.  
Honolulu 96821 OCMS



**Young, Robert P.** OPH\*  
75-5759 Kuakini Hwy. #206  
Kailua-Kona 96740 329-2947  
Tulane U. '70  
Ellen 324-6575  
77-6486 Leilani St.  
Kailua-Kona 96740 WHMS



**Young, Walter K.W.** OTO\*  
1380 Lusitana St., #615  
Honolulu 96813 536-2202  
Jefferson Med. Col. '60  
Joan 988-2612  
2618 Ferdinand Ave.  
Honolulu 96822 OCMS



**Yuan, David C.** IM\*, NEP\*  
321 N. Kuakini St., #404  
Honolulu 96817 523-6461  
Taipei Med. Col. '66  
Esther 373-9707  
5554 Haleola St.  
Honolulu 96821 OCMS



**Yuen, Gregory E.M.** P, NTR  
1441 Kapiolani Blvd., #907  
Honolulu 96814 949-6418  
U. of Hawaii '75



**Zafrani, Michael B.** P  
1356 Lusitana St.  
Honolulu 96813  
U. of Rome '80  
735-1305  
5320 Maunalaní Cr.  
Honolulu 96816 OCMS - RES



**Zakaib, George S.** ORS\*, HS\*  
31 Kam Ave.  
Kahului 96732 871-7767  
West Virginia U. '72  
MCMS



**Zelko, John M.** OPH  
139 Kinoole St.  
Hilo 96720 935-2964  
McGill U. '56  
Karen 935-2964  
205 Kaiulani St.  
Hilo 96720 HCMS

association (esō sē'a-shen, -shē-) n.  
1. The act of associating. 2. The state of being associated; fellowship; companionship. 3. A body of persons associated for some common purpose; society; league. Abbr. *ass.*, *assn.*, *assoc.*

## JOIN US

We Can Do So Much More Together



HAWAII MEDICAL ASSOCIATION  
1111 KALANIL'ANI BLVD., HONOLULU, HI 96813

## HOSPITALS

### HAWAII

**HILO HOSPITAL** ..... 961-4211

1190 Wai'anuehue Ave., Hilo 96720  
Andrew Sackett, M.D., Acting Administrator  
276 beds

**HONOKAA HOSPITAL** ..... 775-7211

Box 37, Honokaa 96727  
Yoshito Iwamoto, Administrator  
35 beds

**KA'U HOSPITAL** ..... 928-8331

Box 248, Pahala 96777  
Kenji Nagao, Administrator  
15 beds

**KOHALA HOSPITAL** ..... 889-6211

Box 10, Kapaau 96755  
Ruby Isaacs, Administrator  
26 beds

**KONA HOSPITAL** ..... 322-9311

Box 69, Kealoheku 96750  
Jennie Wung, Acting Administrator  
75 beds

### KAUAI

**KAUAI VETERANS MEMORIAL HOSPITAL** 338-9431

Box 337, Waimea 96796  
Richard Johnston, Administrator  
44 beds

**SAMUEL MAHELONA MEMORIAL HOSPITAL** ..... 822-4961

4800 Kawaihau Rd., Kapaa 96746  
John English, Administrator  
76 beds

**G.N. WILCOX MEMORIAL HOSPITAL** ... 245-4811

3420 Kuhio Highway, Lihue 96766  
Phil Palmer, Administrator  
155 beds

### LANAI

**LANAI COMMUNITY HOSPITAL** ..... 565-6411

Box 707, Lanai City 96763  
Richard Pittsinger, Administrator  
14 beds

### MAUI

**HANA MEDICAL CENTER** ..... 248-8035

Hana 96713  
Milton M. Howell, M.D., Administrator  
4 beds

**KULA HOSPITAL** ..... 878-1221

Kula 96790  
Russell Tucker, Administrator  
106 beds

**MAUI MEMORIAL HOSPITAL** ..... 244-9056

221 Mahalani St., Wailuku 96793  
Jerry Walker, Administrator  
145 beds

### MOLOKAI

**MOLOKAI GENERAL HOSPITAL** ..... 553-5331

Box 408, Kounokakai 96748  
Ermo Mariano, Administrator  
27 beds

### OAHU

**CASTLE MEMORIAL HOSPITAL** ..... 261-0841

640 Ulukahiki St., Kailua 96734  
Robert Carmen, Administrator  
136 beds



**HALE MOHALU HOSPITAL** ..... 734-0221  
3675 Kilauea Ave., Hanalei 96816 ext. 362 & 363  
Erida Reichert, M.D., Administrator  
21 beds

**HAWAII STATE HOSPITAL** ..... 247-2191  
45-710 Kealahala Rd., Kaneohe 96744  
Howard Gudeman, Ph.D., Administrator  
220 beds

**KAHUKU HOSPITAL** ..... 293-9221  
Box 218, Kahuku 96731  
Rikia Tanji, Administrator  
26 beds

**KAISER FOUNDATION HOSPITAL** ..... 949-5811  
1697 Ala Moana, Honolulu 96815  
Ronald Mikalajczyk, Administrator  
174 beds

**KAPIOLANI-CHILDREN'S MEDICAL CENTER** ..... 947-8511  
1319 Punahoa St., Honolulu 96826  
Richard Davi, President  
Paul Caak, Executive Vice President  
216 beds

**KUAKINI MEDICAL CENTER** ..... 536-2236  
347 North Kuakini St., Honolulu 96817  
Masaoichi Tasaka, President  
361 beds

**LEAHI HOSPITAL** ..... 734-0221  
3675 Kilauea Ave., Honolulu 96816  
Abraham Chay, Administrator  
242 beds

**PEARLRIDGE HOSPITAL** ..... 488-0916  
98-1010 Haukapila Rd., Aiea 96701  
Cynthia Haranda, Administrator  
32 beds

**QUEEN'S MEDICAL CENTER** ..... 538-9011  
1301 Punchbowl St., Honolulu 96813  
Will J. Hendersan, President  
506 beds

**REHABILITATION HOSPITAL OF THE PACIFIC** ..... 531-3511  
226 North Kuakini St., Honolulu 96817  
Patrick J. Duarte, Administrator  
100 beds

**SAINT FRANCIS HOSPITAL** ..... 547-6011  
2230 Liliha St., Honolulu 96817  
Sister Maureen Keleher, O.S.F., Executive Director  
and Chief Executive Officer  
Michael Matsuura, Administrator  
308 beds

**SHRINER'S HOSPITAL FOR CRIPPLED CHILDREN** ..... 941-4466  
1310 Punahoa St., Honolulu 96826  
Kenneth L. Marshall, Administrator  
40 beds

**STRAUB CLINIC & HOSPITAL, INC.** ..... 523-2311  
888 South King St., Honolulu 96813  
Thomas Battista, Executive Administrator  
Richard Stensan, Associate Administrator  
152 beds

**TRIPLER ARMY MEDICAL CENTER** ..... 433-6661  
Tripler AMC 96859  
Maj. Gen. Edward J. Huycke,  
Commanding General  
560 beds

**WAHIAWA GENERAL HOSPITAL** ..... 621-8411  
128 Lehua St., P.O. Box 580, Wahiawa 96786  
Philip R. Baltch, Administrator  
129 beds

## The Convalescent Center of Honolulu

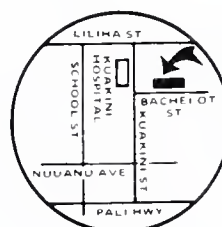


### TOTAL CARE

CERTIFIED AS A SKILLED NURSING FACILITY

ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

PHYSICIAN DIRECTED - NURSING, RESTORATIVE SERVICES  
ACTIVITIES & OUTINGS - PHYSICAL & OCCUPATIONAL THERAPY - THERAPEUTIC DIETS  
MULTI-LINGUAL STAFF - PATIENTS OF ALL FAITHS & NATIONALITIES ACCEPTED



1900 BACHELOT ST.

CALL

**531-5302**

**For your  
quality  
printing  
needs.**

Graphic Designs  
Business Cards  
Letterheads  
Envelopes  
NCR Forms  
Brochures  
Invitations  
Raised Letter  
Color Printing



A Subsidiary of  
Hawaii Medical Association

**Phone: 521-0068**

320 Ward Avenue, Suite 101  
Honolulu, Hawaii 96814

## Free Financial Planning Seminars MONEY AND MEDICINE—

Each is a serious business. Each takes years of training, dedication and skill to be administered properly. We are specialists in money management. Our financial planning services are structured to administer to every individual—one to one—from the beginnings of an estate planning portfolio to established professionals seeking the most relevant and judicious financial direction.



### FREE FINANCIAL PLANNING SEMINARS

Call Ms. Bennett at 526-3211 for seminar schedule and reservations.

**E. A. BUCK PLANNING SERVICES, INC.**

# GEOGRAPHICAL LISTING OF PHYSICIANS BY POSTAL ZONES

(excludes medical students, residents, and retired physicians)

## HAWAII

### 96720 HILO

#### 101 Hualalai Street

Casile, Ruben A.	GS, OBG
Harvey, Robert S.	ORS*
Lee, Ung	OBG*

#### 275 Ponahawai Street

Park, Maan Saa	PTH*
Waa, A. Stephen Jr.	PTH*

#### 670 Ponahawai Street

Bracher, George	R*
Irvine, Robert D.	ORS*
Lambeth, James T.	R*
Matsuura, Ruth H.	PD*, A
Miles, Alexander S.K.	CD, IM*
Nakana, Jira	IM*, CD
Oldfather, Timothy	GS*
Paapaa, Jahn F.	PS
Spies, William E.	R*
Steuermann, Nicholas Jr.	D
Takase, Allan S.	OBG*
Uohara, Jahn K.	OBG*
Williams, James R.	R*

#### 1190 Waianuenue Avenue

Lundborg, Richard O.	AN*
Matsubara, Rodney S.	DR
Townsend, Marilu	EM
Wipperman, R.P.	

#### 1292 Waianuenue Avenue

Bade, Ernest L.	FP*
Belcher, Daniel H.	IM*
Helms, Ed B.	GP
Lewis, Harold	GS*
Lim, Djan Indra	CD
Mantell, Edwin M.	GE*, IM*
Rossman, William	GS*

#### Hilo Miscellaneous

Blaamgarden, Robert	P*
Carvalho, Reginald S.	FP*
Chen, Thomas C.W.	IM
DeGinder, Kelvin	FP*, AM
Ghash, Manas Kumar	U*
Horaguchi, Samuel M.	GP
Hur, Ben I.M.	FP, PD
In, Peter A.	CHP, P
Kasamata, Sadaichi	FP
Laa, Walter S.L.	GP
Ludwig, Gerrit	OPH*
Matayashi, James K.	FP
Mebane, Jahn C.	P*, OM
Oda, Ruth E.	PD*
Ona, Benjamin M.	PUD, IM*
Park, Haan	PD*
Wang, Desmond K.W.	GS*
Waa, Timothy D.	FP, OM
Yamauchi, Richard M.	GP
Zelka, Jahn M.	OPH

### 96725 HOLUALOA-KONA

Cheng, Minalu R.	GS
------------------	----

### 96727 HONOKAA

Baane, Edward W.	GS*, FP
Keeney, Tawn I.	GP
Phillips, James S.	FP

### 96740 KAILUA-KONA

#### 75-5759 Kuakini Highway

Ferren, Frank A. Jr.	GS*
James, Jonathan B.	IM*
Laird, Robert H.	PD*
Young, Robert P.	OPH*

#### Kailua-Kona Miscellaneous

Kajak, George Jr.	P*
Liu, Rit	GS
Peebles, Lawrence A.	GS*

### 96743 KAMUELA

Dawson, Jahn M.	IM*, GPM
Willet, Edwin D.	GP, OM

### 96750 KEALAKEKUA

Berk, Marton E.	IM*, CD*
Enlae, Gerald	AN
Gramlich, Edwin P.	OBG*
Grant, Kenneth E.	OBG*
Mac Innes, Frederic C.	PTH*
McDevitt, Jeffery B.	FP
Pathamvanich, Damkerng	GS*
Satta, Sukchai	IM*
Sira, Santad	OBG
Spielman, Stuart H.	DR*

### 96777 PAHALA

Hennessey, Joseph P. Jr.	FP, EM
Wigle, Arch T.	FP*, OM

## KAUAI

### 96746 KAPAA

Esaki, Paul T.	FP*
----------------	-----

### 96756 KOLOA

Newman, Jahn W.	FP*
-----------------	-----

### 96766 LIHUE

#### 3420 Kuhio Highway

Claremont, Peter	R*
Cauch, Rex D.	PTH*, CLP*

Crane, Timothy B.	OPH*
Elpern, David J.	D*
Emrick, Robert J.	PTH
Funaki, Clarence	R*
Grallman, Thomas	ORS*
Hamblin, Robert J.	GS*
Kim, Peter	IM*
Magaun, Thatcher	GS*
McKnight, Larry C.	IM*
Nakamura, Harvey T.	R*
Scamaharn, James O.	FP*, EM

#### Lihue Miscellaneous

Chuang, Katak An	PD*, PDC
------------------	----------

### 96796 WAIMEA

Miyashira, Yanemichi	FP
Overlack, Robert	FP*
Wade, Burt O.	GP, GS
Wentworth, Mark A.	FP*

## MAUI

### 96713 HANA

Hawell, Milton M.	GP
-------------------	----

### 96732 KAHULUI

#### 31 Kam Avenue

Haling, Kenneth A.	FP
Zakaib, George S.	ORS*, HS*

#### 39 Kam Avenue

Haskinson, William S.	OBG*
Stadd, Russell T.	OPH*

#### 53 Puunene Avenue

Aquilizan, Hilaria A.	GS, FP
Dan, Andrew	OTO*
Haines, J. Glenn	U*
James, William C.	IM*
Kepler, William G.	PD*
Prabst, C.E. Jr.	ORS*
Wienke, James W.	GS*
Withers, Jahn N.	GS*
Wang, A.Y.	FP

#### Kahului Miscellaneous

Bentley, Wendell J.	PS
Fleming, James F.	FP*
Maran, Clifford	PTH*
Schlesinger, Stephen L.	PS*
Underwood, Edward B.	GP

### 96753 KIHAI

Miewald, Jahn R.	OBG*
------------------	------



96761 LAHAINA

130 Prison Street	
Gilbert, Darcel	FP*
Harrison, Robert J.	AI*, FP*
Iaconetti, William E.	GS
Percy, Helen S.	FP*

910 Wainee Street	
Extan, Eileen	FP*
Peat, Alexander C.	PD*
Welch, Kathleen	FP

Lahaina Miscellaneous	
Azman, Ben K.	FP*

96768 MAKAWAO

Hanley, John F.	AN
Reid, William A.	AN

96790 KULA

Andrews, Joseph E.	FP, PUD
Lewin, John C.	FP

96793 WAILUKU

1063 E. Main Street	
Aggerup, Glenn S.	OBG
Kelman, Edward M.	CLP*, PTH*

2180 Main Street	
Akitake, Bert	PD
Arensdauf, Alfred M.	P*, CHP*
Bjarnson, Robert G.B.	R*
Briley, John M. Jr.	PD*
Burnett, William H.	IM
Diamond, Peter E.	ORS*
Erbach, Thomas S.	OTO*
Fu, Denis J.	PD*
Gintling, William	OBG*
Hanlan, Marian L.	ADL, PD*
Marr, James D.	GS
Mathias, Deborah L.	GP
Mitchell, William H. Jr.	PUD*, IM*
Ohata, Seiya	FP
Rhades, Clifford	OPH*
Rackett, Louis S.	GS*
Salenger, Gary	D*
Savana, Michael R.	IM*
Scawcraft, Charles	GE, IM
West, Richard M.	ORS*
Yapp, Robert G. Jr.	OBG*

99 S. Market Street	
Achang, Neville G.	GS*
Diasa, Marconi M.	IM*, ON
McCleary, Danna L.	PD
Ramero, Jose L.	GS*

1827 Wells Street	
Maser, Steven M.	NEP*, IM*
Strather, Billie F.	AN*
Uehara, Sakae	GS*

Wailuku Miscellaneous

Bendan, James A	DR*
Burkle, Frederick M. Jr.	EM, PD*, P
Carlson, George L.	AN, OA
Fraix, Clea J.	GS*, ABS
Hew, Joseph T.T. Jr.	IM, GE
McCallum, Kenneth B.	AN*
McIver, William B.	AN*
Mills, John F.	EM
Mirzai, Mahmood	GS*
Mitchell, Charles T.	EM
Wasson, Eugene C. III	DR*, NM

96748 MOLOKAI

Stevens, Paul G.	GP
------------------	----

OAHU

96701 AIEA

99-128 Aiea Heights Drive	
Akagi, Nabaru	GS, FP
Dimitrian, Michael J.	IM
Ebisu, Ray J.	IM*
Hirasa, James H.	IM*, FP
Luke, Bruce I.	OBG
Magnier, Eugene A.H.	CD*, IM*
Nakamura, Frank H.	OBG
Nakashima, Randall K.	PS
Ogawa, Robert T.	PD*
Shimamura, George	OBG*
Tanabe, Eugene T.	U
Wang, William K.	D*

98-1010 Haukapila Road	
DeSilva, Nihal	OBG
Fraese, Carol A.	GP
Grebe, Werner H.	GS*
Grimm, Terrence E.	PTH*, CLP*
Iwaishi, Louise K.	PD
Kaenig, Allan C.	EM
Martin, Curtice T.	D*
Patchell, Larry L.	DR*
Sugimata, Fumiya	FP, IM

98-1247 Kaahumanu Street	
Berthiaume, John T.	IM*
DeLeon, Jose	IM
Lau, Shigeka Okamoto	PD*, PHO
Ringwood, John W.	PD
Wood, David E.	PD*, ADL*
Yakachi, Gareth C.	OBG*

98-211 Pali Momi Street	
Cahill, Thomas G.	FP*
Fruean, William	GP
Lin, Paul Y.K.	FP
Patterson, R. Reginald	GP, ORS

Aiea Miscellaneous	
Balasan, Lydia K.	FP

96712 HALEIWA	
Miyasaki, Seiichi	FP*

# PHYSICIANS EXCHANGE

**OF HONOLULU, INC.**  
320 Word Avenue, Suite 105  
Honolulu, Hawaii 96814

**June M. Morioka, Monoger**

---

A wholly-owned subsidiary of  
Honolulu County Medical Society

---

Serving Hawaii's physicians  
for over 30 years

---

Dependable 24-hour operation

---

Radio page, mobile and portable  
telephone services available

---

State-wide office management  
consultation services available

---

Emergency answering service  
for H.C.M.S.

---

## CALL 524-5855

"This is the physicians' private call  
number to the Exchange."

**Home of HMA and HCMS**



## Norelco model 590 POCKET RECORDER

Economically priced, easy-to-use, light weight (just 8 oz.), pocket size. Up to 1-hour recording time, single control for easy of operation, sensitive microphone for crystal clear recording. Compatible with all Norelco transcribing machines. Many other features. Let us give you a demonstration.

# HAWAII BUSINESS MACHINES

Division of Electronics International Ltd  
829 ALAKEA 536-3832

**96717 HAUULA**

Greer, Gary FP  
Shlachter, Marc B. GP

**96734 KAILUA****30 Aulike Street**

Ceccarelli, Frank E. U\*  
Chun, L.T. PD\*  
Lipp, Edward B. Jr. ORS\*, HS\*  
Mertz, James L. PD\*  
Nemechek, Robert W. ORS\*  
Simmons, Robert L. ORS\*  
Varady, Lathar M. P\*

**40 Aulike Street**

Aaki, John E. FP\*  
Chang, Winfred Y.K. IM\*  
Winston, Hamilton M. OBG

**407 Uluniu Street**

deHay, Raymond M. IM\*, GE  
Huntley, David M. D\*  
Nelsen, Alan C. IM\*  
Weiner, Michael D. PS\*

**415 Uluniu Street**

Machigashira, Harold T. FP\*  
Matsui, Adelina V. IM, END

**Kailua Miscellaneous**

Akina, Eleanor Green CHP, P\*  
Budde, James C. EM\*  
Davies, Harri L. FP\*  
Dierdorff, Edwin P. OTO\*  
Hammer, Suzanne M. P  
Hellreich, Philip D. D\*  
Kuo, Philip AI\*, PD\*  
Lawson, Harold G. FP\*, GS  
Lezak, Myron B. GE\*, IM\*  
Orinion, Ernesto A. IM  
Scherman, Bernard M. EM  
Yamashiro, Charles K. OBG\*

**96744 KANEHOE****45-1144 Kamehameha Highway**

Kumar, Krishna P\*  
Tsai, Joseph C.S. IM\*

**45-602 Kamehameha Highway**

Dizon, Victor S. FP  
Livingstone, David FP\*  
Puapongsakorn, Praphan IM\*

**45-939 Kamehameha Highway**

Luning, Alan K. FP  
Sasaki, Kaoru FP  
Tanaka, Kazushi GS\*  
Tong, Wyman E. PD\*  
Yim, Henry L. PD\*

**45-955 Kamehameha Highway**

Cho, Jonathan K. IM\*  
Randell, David J. OPH\*

**46-005 Kawa Street**

Kiehm, Leonard Y.H. GS\*  
McDonnell, John T. AI\*, PD\*  
Simich, Robert L. EM, FP\*

**Kaneohe Miscellaneous**

Reppun, J.I. Frederick GP, FP

**96782 PEARL CITY****803 Kamehameha Highway**

Angeles, Abdiel M. IM  
Mateus, Francy M. P

**Pearl City Miscellaneous**

Kagihara, Edward K. Jr. PD\*

**96786 WAHIAWA****302 California Avenue**

Abundo, Manuel A. Jr. GS\*  
Baysa, Norberto FP\*  
Cecilio, Salvador B. ORS\*  
Hino, Ronald H. PD  
Kenessey, George E. U\*  
Nakagawa, Bunzo OBG\*  
Tesoro, Richard P. FP\*  
Wilkinson, William H. FP, OBG

**34 Makani Avenue**

Wee, Timothy I. FP  
Whang, Edmund S.M. IM\*, NEP

**Wahiawa Miscellaneous**

Corbay, John M. OPH\*, AM  
McKenzie, William F. OBG\*  
Seid, Arnold IM  
Soriano, Gildo S. IM\*, NEP

**96789 MILILANI**

Allin, Robert C. OBG\*

**96797 WAIPAHU****94-235 Leoku Street**

Lau, Lawrence L. Jr. GP  
Young, Herbert H.C. Jr. PD\*

**Waipahu Miscellaneous**

Ignacio, Azucena IM, ON  
Maffei, Rudolph J. GS  
Nikaitani, Donald K. IM\*  
Noda, Richard Y. GP

**96801 HONOLULU**

Chalmers, John F. GS\*, U  
Rigney, Kleona PH  
Sims, Joel K. EM, GP  
Wong, Robert T. OPH\*

**96813****50 South Beretania Street**

Chee, Percival H.Y. OPH\*  
Lichter, Rowlin L. ORS\*

**550 South Beretania Street**

Bergmanis, Juris NS\*  
Buchanan, William Y. Jr. DR\*  
Callan, John P. IM\*, PUD\*  
Chun, Kenneal Y.C. OTO\*  
Dang, Michael H. CDS\*, TS\*  
Davenport, Kent ORS\*  
Druecker, Clifford T. FP  
Friedwald, Vincent E. CD\*  
Goh, Kim S. D\*  
Goto, Unoji IM\*, CD  
Himeda, Scott T. IM  
Johnson, Elmer C. IM\*, ON  
Kubo, Katsuji PS\*  
McEwan, David B. FP\*  
Morris, Alfred D. IM\*, CD\*  
Owens, Thomas C. ORS\*  
Peroff, Ronald P. OTO\*  
Rajdev, Niranjan HEM\*, ON\*, IM\*  
Reddy, D. Venudhar PD\*, PDC  
Smith, John S. ORS\*  
Smith, Robert L. ORS\*  
Stewart, James H. U\*  
Tucker, Jerome L. OPH\*  
Walsh, Patrick J. FP\*  
Wilkinson, Robert W. PD\*, PHO\*  
Wilson, Wayne R. OPH\*  
Wyatt, Clarence A. Jr. OBG\*

**839 South Beretania Street**

Canete, Danelo R. IM, CD  
Chu, George J. AI\*, IM\*  
Houk, John H. IM\*  
Martin, William H. IM\*, END\*, DIA\*  
Mundt, Arno J. OBG\*  
Pack, Winifred IM\*, PUD  
Sage, William H. IM  
Schilz, James P. ORS  
Sroat, Donald A. OPH\*  
Stevens, Marquis E. IM  
Takemoto, Wayne S. OBG\*  
Teruya, Kent K. U\*  
Warshauer, Frederick B. GS\*, TS  
Wong, Art PD

**848 South Beretania Street**

Edwards, Gary A. OPH\*  
Edwards, Nancy L. D\*  
Kimura, David Y. ORS\*  
Luke, Herbert K.N. GS\*, OM  
Wallach, Stephen J. CD\*, IM\*  
Wong, Rose K.L. IM  
Yee, Ann Barbara Ha PD\*

**1111 Bishop Street**

Claward, Ralph B. NS\*  
Lee, Robert C. Jr. OPH  
Maag, Frederick F. D\*, DMP\*  
Pinkerton, O.D. OPH\*

**600 Kapiolani Boulevard**

Fernandez, Leabert R. PS\*  
Jones, Lloyd E. AN\*



VOL. 41, NO. 10 — OCTOBER, 1982 365

Saang, Jahn L. DR\*, NM\*  
Will, Drake W. PTH\*  
Yamashira, Charles H. TR\*

#### 1270 Queen Emmo Street

Halpern, Gilbert M. GP, OM  
Hughes, Kenneth R. IM\*, LM  
Nam, Herbert M. FP  
Ramiscal, Marina Badua IM  
Walsh, William M. GP, FP

#### 1286 Queen Emmo Street

Ballard, Edwin R. FP  
Wan, Francis K.L. IM

#### 96813 Miscellaneous

Chang, Clarence F. FP, OBG  
Chinn, Florence IM  
Clarkin, Jahn P. P, CHP, PD\*  
Flarine, Charlotte M. P\*  
Flowers, Robert S. PS\*  
Goldstein, Narman D\*  
Haning, William FP, EM  
Harris, Ellsworth B. P\*  
Kam, Joseph T.Y. FP  
Laa, Cyrus W. D\*, PYM  
Nickan, Donald C. R\*  
Seta, Millard S.J. OBG\*  
Yau, Richard W. FP\*

#### 96814

#### 1441 Kopioloni Boulevard

Ang, Manuel GS\*, PD\*  
Bachman, Lyle OBG\*  
Bell, Douglas B. II IM  
Dang, Richard W.M. D\*  
Eliashaf, Byran A. P\*, CHP  
Henry, George W. R\*  
Ho, Albert K.T. OTO\*  
Kim, Dukee IM\*  
Lee, Ernest K.H. CD, IM\*  
Lee, Winfred Y. IM\*, NM\*, END\*  
Lind, Dennis B. P\*  
Lum, Carl H. GS\*  
Lum, Chew Mung IM\*  
Myers, N. Fred IM\*  
Nakamura, Narman Y. ORS  
Oda, Yashia IM\*, A  
Sakamaki, Leigh P\*, CHP\*  
Sinclair, David A. OBG\*  
Wang, Calvin Y.H. CD\*, IM\*  
Yuen, Gregory E.M. P, NTR

#### 1010 South King Street

Anda, Richard E. PD\*  
Emura, Edward T. D\*  
Gashi, Keiichi IM, A  
Gata, George OBG\*  
Ikezaki, Francis M. IM  
Iritani, Ray I. GS\*  
Kawaaka, Wallace S. OPH  
Kawasugi, Tashihika PD\*  
Kuramata, Kikua IM  
Maehara, Dennis I. OPH\*  
Mirikitani, Carl M. OTO\*  
Mirikitani, Clifford K. GS\*, TS\*

Nakasane, Nabuyuki IM  
Nakata, Harry H. OBG\*  
Ohtani, Ray R. PD\*  
Oshira, Hidea OTO\*, HNS\*  
Oshira, Thomas K. OBG\*  
Sakimata, Richard Y. OBG\*  
Salceda, Artura F. PTH\*  
Shiraki, Iwaa William U\*  
Sugihara, Clarence Y. AI\*  
Takai, Masaa ORS\*  
Tamura, Paul Y. PTH\*, CLP\*  
Ushiyama, Yashiki IM  
Wakai, Caalidge S. IM, CD  
Yashida, Yutaka K. GS\*

#### 1040 South King Street

Kaneshira, Francis T. FP  
Mari, Masahira CD\*, IM

#### 1150 South King Street

Ackerman, Milton J. D\*  
Rizza, Marca PS

#### 1314 South King Street

Anastasi, Larene M. OPH\*  
Brawn, Carol Ann P  
Chang, Clifford B.G. GS\*  
Chang, Jeanette H.J. PD\*  
Chang, Richard K.C. IM\*, GE\*  
Fujikami, Raymand H. GS\*, CRS  
Lau, Richard C. IM  
Sy, Raman K. OTO  
Tan, Antania K. U  
Varalik, Frank J. DR\*  
Wehrenberg, James H. P, EM  
Wang, Arthur K. RHU, IM

#### 1350 South King Street

La, Pershing S. P\*  
Sia, Calvin C.J. PD\*

#### 1451 South King Street

Kim, Jahn H.C. IM\*, END  
Takeshi, Jinichi FP\*  
Yamasaki, Margaret K. OPH  
Young, Allan H.W. A\*

#### 1481 South King Street

Chun, Richard FP  
Jim, Edward L.S. GS\*, HNS\*  
Jim, Robert T.S. HEM\*, ON  
Jim, Vernan K.S. PS\*, OPH\*  
Kuge, Mark T. IM\*  
Lai, Patrick T. IM  
Maeda, Thomas H. Jr. OPH\*  
McGuire, James P. OBG  
Ohtani, Masata FP  
Ontai, Gardan OBG\*  
Palmer, Daniel D. D\*, DMP\*  
Watt, Phillip H.F. PD\*  
Watt, Walter H.K. IM  
Yeah, Ghim Leang R\*

#### 615 Piikoi Street

Chun, Theadore K.J. P  
Lehman, Carl W. A\*, PD\*

#### 1024 Piikoi Street

Nishijima, Randal GS  
Saegusa, Jira PD  
Tattari, Hiraaki PD\*  
Tattari, Mitsua PD\*

#### 932 Word Avenue

Brawn, Mark W. ORS  
Nierenberg, Chet GP, OA

#### 96814 Miscellaneous

Chang, Thomas Y.K. FP  
Kawasaki, Isaac A. FP, GS  
Kunimata, Allan R. OPH\*  
Loui, Wallace GS\*, TS\*  
Luke, Hing Biu FP\*  
Minataya, Wilfred T. OPH\*  
Miura, Calvin M. OPH\*  
Odam, Charles B. PTH\*, OBG\*  
Orbisian, James A. CD\*, IM\*  
Wakatake, Yaria OBG  
Yamamata, Shigea U  
Young, Joseph S.T. PD\*

#### 96815

#### 1697 Alo Moono

Chaan, Andre B. PD\*  
Cady, William J.T. P\*  
Curphey, Edwin R. D\*  
Farrell, Donald L. FP\*  
Gaebert, H. William Jr. NS\*, LM  
Hayashida, Michihika OPH\*  
Haward, Leonard R. OBG\*  
Ing, Gardan K.C. OBG\*  
Lim, Sigdian S. OTO\*, A  
McCallin, Paul F. OBG\*  
Mehta, Bal Raj IM\*, PUD\*  
Rath, Alexander PD\*, PDA, A  
Sanidad, Adela G. IM\*  
Siegel, Richard J. PS\*  
Straehley, Clifford J. Jr. TS\*  
Sullivan, Helen L. FP, IM  
Tashima, Wilfred I. GS\*

#### 305 Royal Howoiion Avenue

Allison, Samuel D. D\*  
Depp, Donald S. OPH\*

#### 96815 Miscellaneous

Devereux, Ellis F. PYA\*, P  
Harrison, James G. Jr. P  
Kelley, Richard R. PTH\*  
Lutz, Robert D. GP  
Maehara, Robert T. AN  
Wall, Garton E. FP\*, OM

#### 96816

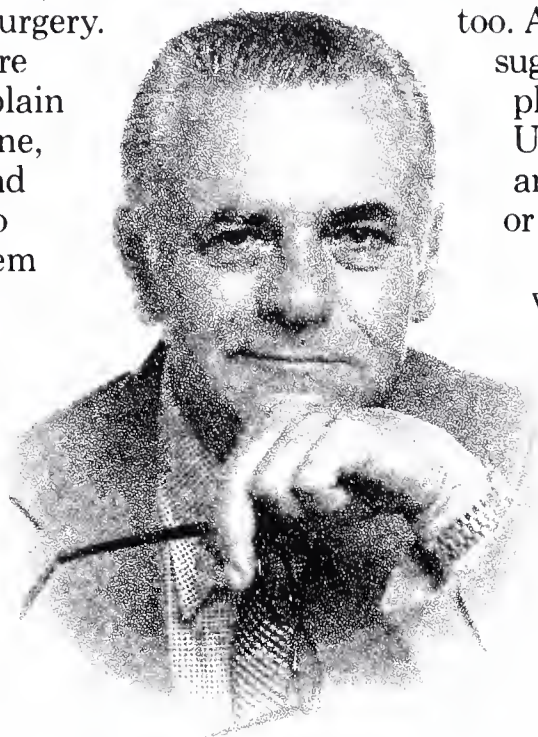
#### 3538 Waioloe Avenue

Takeuchi, Jaan FP  
Tanaue, Ray GS\*



**From what our HMSA members tell us, more doctors seem to be perfecting that old fashioned 'bedside manner.'**

To the patient, every illness is serious, especially surgery. Today more doctors are taking the time to explain what is going to be done, why it's being done and how much it's going to cost. Patients, too, seem to be more concerned and willing to talk



about these important matters.

We think these are both healthy signs. We can all do our part to promote this kind of helpful dialogue.

We'd like to hear from you, too. Anytime you have a suggestion or question, please let us know.

Usually we can have an answer for you in a minute or two.

HMSA — the efficient way, for you and your patients.

# Old Fashioned Dialogue is Back.

**HMSA Utilization Review Department**  
**Ph: 944-2355**



# 96816 Miscellaneous

Adams, Elizabeth M. P\*  
 Duracher, Jahn J. P  
 Hase, Michael F. FP\*  
 Lui, Robert J. OBG  
 Moore, William F. Jr. PD\*  
 Penn, Sandra P. FP\*  
 Safia, Gilbert F. IM\*  
 Tyau, Steven FP\*, PUD  
 Waite, Verne C. GS\*, GE  
 Wang, Lawrence Y.W. FP  
 Wang, Rager H.W. IM

# 96817

## 321 North Kuakini Street

Alvarez-Pacpaca, Elenita OBG\*, NPM\*  
 Aoki, Vincent S. IM\*, PA  
 Chang, Frank D. AN  
 Furuike, Alvin N. PUD\*, IM\*  
 Hintz, Gunther PS\*  
 Hirasuna, Stephen ORS\*  
 Ichiriu, Edwin T. AN\*  
 Ishida, Warren Y. NS  
 Ishiaka, Michael IM\*  
 Izawa, Edward H. TS\*, GS\*  
 Kamada, Roy O. IM\*, CD\*  
 Kanda, Edward N. IM\*, GE\*  
 Kaneshira, Owen D. IM\*  
 Kimata, George OTO\*  
 Kishida, Takeshi AN  
 Kaike, Masaru U\*  
 Kakame, Glenn M. TS\*, GS\*  
 Lozada, Guida PS, GS  
 Maruyama, Donald K. ORS\*  
 Miyahira, Willard Y. DIA, END  
 Marimata, Garth Y. ORS\*  
 Mariaka, William K. GS\*  
 Nakamura, Jeffrey M. HEM\*, ON\*  
 Nakata, Herbert M. PD\*  
 Okihiro, Michael M. N\*  
 Osaka, Arthur T. PD\*, PHO\*  
 Sakada, Thomas H. NS\*  
 Sakuda, David H. R\*  
 Sata, Norman E. OBG\*  
 Shimada, Stanley S. GE\*, IM\*  
 Shirasu, Myron E. IM\*  
 Sunahara, Paul I. D\*  
 Suzuki, George IM  
 Tajima, James N. AN\*  
 Tajima, Luke M. AN\*  
 Takaki, Herbert S. FP  
 Tamoi, Elbert OBG\*  
 Tamamitsu, Eliot N. PD\*  
 Uechi, Michael D.S. U\*  
 Urata, Maxwell M. NS  
 Uta, Glenn A. IM\*  
 Yamada, Edward Y. IM  
 Yamamata, Gilbert K. OPH\*  
 Yamauchi, Shoyei GS  
 Yakoyama, Henry N. GP  
 Yuan, David C. IM\*, NEP\*

## 347 North Kuakini Street

Childs, Edgar S. R\*  
 Fukunaga, Francis H. PTH\*, CLP\*  
 Massey, Douglas G. PUD\*  
 McCarthy, Lawrence J. PTH\*, FOP  
 Rayner, Enid Lynn IM\*

# 1520 Liliha Street

Adaniya, Roy S. PUD\*, IM\*  
 Davis, William G. U\*  
 Daw, James A. U\*  
 Inamasu, Melvin S. IM\*, ON  
 Inauye, Allan A. GS\*, TS  
 Nadamata, Ichira ORS\*  
 Oishi, Nobaru IM\*, ON\*, HEM  
 Oishi, Robert H. GS\*  
 Seta, Anthony P  
 Seta, Dudley S.J. NEP\*, IM\*  
 Siu, K. Kenneth PD, GP  
 Wachi, Dennis H. IM\*, ON  
 Winter, Lawrence H. GP

## 1744 Liliha Street

Larm, Peter A, IM  
 Wang, Carolina D. GP

## 2228 Liliha Street

Au, Stanford K.W. N\*  
 Brust, Raymond W. Jr. R\*  
 Chang, Walter Y.M. GS\*  
 Ching, Nathaniel P.H. TS\*, GS\*  
 Chinn, Herbert Y.H. U\*  
 Chun-Haan, Albert C.K. ORS\*  
 Elizaga, Fortunata V. IM\*, HEM  
 Fang, Henry H.C. IM\*  
 Fryer, Gladys C. IM, GER  
 Kam, Calvin C.M. NS\*  
 Lau, Jeffrey M. TS, GS\*  
 Lau, Thomas K.L. IM, ON  
 Lee, Worldster OPH\*  
 Lum, Edmund C.K. ORS  
 Lum, Wayne Y.H. IM  
 Pang, Derek K.H. CD, IM\*  
 Papper, Jordan S. N\*  
 Sitkin, Robert S. IM\*  
 Tokamura, Jahn H. AN  
 Tam, Ronald F.S. OTO\*, HNS  
 Tan, Siang Yang END, IM\*  
 Tarres, Ignacia A. GS\*, TS\*  
 Wang, Elsie Blossom IM\*  
 Wang, Livingston M.F. GS\*  
 Yim, Ernie M.S. PUD, IM\*  
 Young, Edwin L. OTO, OPH

## 2230 Liliha Street

Blaisdell, Richard IM\*, HEM  
 Bruce, Nadine C. IM\*  
 Dang, Vincent P. FP, EM  
 Haria, David T. PTH\*  
 Lumeng, James PTH\*, IM\*, ON\*  
 Maare, Richard D. R\*  
 Ostman, Douglas C. EM  
 Paik, Young K. PTH\*

## 2244D Liliha Street

Liu, Gordon F.H. IM  
 Yim, Bernard J.B. IM\*, CD

## 1374 Nuuanu Avenue

Chang, Gordon Y.H. OBG  
 Chang, Walter W.Y. IM\*, A  
 Chack, King Chee GP  
 Chun, Hing Hua IM\*, CD  
 Lau, Edward K. GS\*  
 Pang, H.Q. FP, OBG  
 Pang, Herbert G. OPH\*

Pang, L.Q. OTO\*, A  
 Pang, Meredith K.L. OTO\*  
 Pang, Richard K.S. GS\*, TS\*  
 Saa, Betty S.M. PD\*  
 Uyena, R.K. GP

## 1641 Nuuanu Avenue

Yee, Cyrus W. OPH  
 Yee, Lester P.K. GS\*

## 1741 Nuuanu Avenue

Judd, Charles S. GS\*  
 Pang, David L. FP\*  
 Rahman, Ijaz Ur IM, CD

## 1834 Nuuanu Avenue

Bautista, Maria P. OBG  
 Cachera, Catalina L. FP  
 Maakini, Robert K. Jr. U\*  
 Pineda, Romeo R\*  
 Sprague, Arthur Y. AN\*

## 96817 Miscellaneous

Cohen, Herbert I. PUD, IM\*  
 Coleman, Bernice E. P\*  
 Crowley, Dennis M. PM\*, PD\*  
 Glaver, Mary A. FP\*, PH  
 Mills, George H. IM  
 Okazaki, Kyura IM, GE  
 Paraz, Alvin A. GP

# 96819

## 1833 North King Street

Kimura, Richard Y. ORS\*  
 Lee, Kenneth K.H. IM\*

## 2055 North King Street

Fujita, Sydney T. OBG\*  
 Kagihara, Lance M. IM  
 Kaneshira, Melvyn M. IM\*, HEM  
 Kubayama, Roy F. PD  
 Niimi, Roy N. PD\*  
 Nishi, James A. GS  
 Saiki, Stanley M. OBG\*

## 96819 Miscellaneous

Bristol, Radriga G. GS  
 Frohlich, Julia PTH\*  
 Tamura, Raymond M. AM, GP

## 96821 850 W. Hind Drive

Howlett, Lynda J. P, CHP  
 Neal, Randolph D. P

# 96822

## 1960 East-West Road

Hardman, John M. PTH  
 Smith, Roy G. PD\*, PH  
 Stitt, Pauline G. PD\*, GPM\*  
 Tabrah, Frank L. PD\*  
 Wellington, Jahn S. PTH\*, GS\*



**1904 University Avenue**

Josinski, Casimer AM\*, OM\*  
 Josinski, Doris FP\*

**96822 Miscellaneous**

Arthur, Philip S. R\*  
 Beardsley, Gale R. Jr. GP  
 Chor, Danold F.B. PD\*  
 Doy, Dahlis GP  
 Lee, Richard K.C. PH\*, D  
 Ning, Lily FP\*  
 Watson, John R. PH\*, OTO\*  
 Yoshioka, Dan S. AN\*

**96825**

Hallisan, Robert V. IM\*, FP\*

**96826****1531 South Beretania Street**

Ing, Edmund T.K. FP, U  
 Luke, Leslie GP

**1523 Kalakaua Avenue**

Eith, David T. IM, OM  
 Schnack, George F. P\*

**1507 South King Street**

Au, Francis T.C. GS  
 Ching, Charles T.H. IM\*  
 Chock, Raymond Y.W. N  
 Lee, Philip J.W. R\*  
 Wong, Herbert Y.K. IM

**2525 South King Street**

Fukumura, Tokakazu GS, GE

Li, Fook Chiu  
 Matsuyama, Eugene S.  
 Mori, Victor M.  
 Natori, Shigea  
 Ogota, Rager I.  
 Tokushi, George M.  
 Teruyo, Thomas H.

**1319 Punahou Street**

Bart, Robert D. CHN\*, PD\*  
 Berger, Murray S. OBG\*  
 Berman, Randal OBG\*  
 Chrisman, Bruce B. D\*, OA  
 Chung, Stanley M.K. ORS\*  
 DiMauro, Robert M. R\*  
 Edwards, John W. Jr. U\*  
 Hole, Rolph W. OBG\*  
 Hammar, Sherrel L. PD\*, ADL  
 Hicks, Russell IM\*, ADL  
 Ing, Malcolm R. OPH\*  
 Joseph, R. Bruce OTO\*  
 Kimoto, Gary T. OBG  
 Kobara, Thomas Y. PTH\*, DMP\*  
 Kosasa, Thomas S. OBG\*  
 Krieger, John A. OBG\*  
 Lau, H. Larrin OBG, NPM, END  
 McNamee, Philip I. OBG\*  
 Morton, Carl OBG\*  
 Naguwa, Gwen S. PD\*  
 Odegaard, Barry N. GP  
 Ogami, Nabaru OBG\*  
 Rusnak, Stuart L. A\*, PDA\*, PD\*  
 Sharma, Santash OBG\*  
 Shim, Wolton K.T. GS\*, PDS\*  
 Shirai, Reynold S. PD\*  
 Starbuck, George W. PD\*  
 Tom, Kom S. OBG\*  
 Uemuro, Herbert S. PTH\*, CLP\*  
 Waxman, Sorrell H. PD\*, ADL\*, PDE  
 Wiebe, Robert A. PD\*  
 Winn, Neal E. OBG\*  
 Yazawa, Keijiro OBG\*  
 Young, Franklin S.H. PD\*

OBG\*  
 IM\*  
 GS\*, TS  
 OBG  
 IM\*, RHU  
 DR  
 OBG\*

**1110 University Avenue**

Golden, Arnold B. P  
 Marvit, Robert C. P\*

**96826 Miscellaneous**

Fujii, Takeo GP  
 Hagino, Ross Y. PD\*  
 Hata, Herbert T. OTO  
 Hsia, Yujen Edward PD\*, OA  
 Ikeda, Jack K. IM\*  
 Ita, William S. FP  
 Mitsuda, Masato FP  
 Ogawa, Shoza IM, DIA  
 Perry, Ronald G. IM

**96841**

Dusendschan, Raymond C. OM\*

**96857 SCHOFIELD BARRACKS**

Johnson, Arthur C. III GP

**96859 TRIPLER ARMY MEDICAL CENTER**

Chun, Patrick K.C. CD\*, IM\*  
 Holtzman, Saul C. P\*  
 McDonald, John A. EM\*  
 Polskin, Louis J. FP

**96860**

Beringer, E. Duane OBG\*, LM\*

**American Medical Association Principles of Medical Ethics****PREAMBLE:**

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

- I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.
- II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.
- V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
- VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

# PHYSICIANS LISTED BY PRIMARY SPECIALTY

(excludes medical students, residents and retired physicians)

## ADOLESCENT MEDICINE

Hanlan, Marian L. ADL, PD\*

## AEROSPACE MEDICINE

Jasinski, Casimer AM\*, OM  
Tamuro, Raymond M. AM, GP

## ALLERGY

Ewing, George M. A\*, PD\*  
Larm, Peter A, IM  
Lehmon, Carl W. A\*, PD\*  
Rusnak, Stuart L. A\*, PDA\*, PD\*  
Young, Allan H.W. A\*

## ALLERGY AND IMMUNOLOGY

Chu, George J. AI\*, IM\*  
Harrison, Robert J. AI\*, FP\*  
Kua, Philip AI\*, PD\*  
McDannell, John T. AI\* PD\*  
Sugihara, Clarence Y. AI\*  
Thune, Robert AI\*, IM\*

## ANESTHESIOLOGY

Barnett, Arthur S. AN  
Brestle, Jaseline G. AN  
Carlsan, George L. AN, OA  
Chang, Frank D. AN  
Chinn, Kenneth AN  
Chaw, Peter AN  
Enlae, Gerald AN  
Hanley, John F. AN  
Ichiriu, Edwin T. AN\*  
Janes, Lloyd E. AN\*  
Kishida, Takeshi AN  
Lee, S. Thomas AN\*  
Lundborg, Richard O. AN\*  
Maehara, Robert T. AN  
McCallum, Kenneth B. AN\*  
McIver, William B. AN\*  
Montgomery, William H. AN\*  
Parker, George F. AN\*  
Pearson, John W. AN\*  
Pien, Harriet AN\*  
Prentiss, Jerry E. AN\*  
Reid, William A. AN  
Saviello, George M. AN\*  
Semenza, John M. AN\*  
Sprague, Arthur Y. AN\*  
Stoddard, Randall R. AN\*  
Strother, Billie F. AN\*  
Tajima, James N. AN\*  
Tajima, Luke M. AN\*  
Takamura, John H. AN  
Tan, Vien That AN  
Tun, Than AN  
Wang, Eugene N. AN  
Yashiaka, Don S. AN\*

## CARDIOVASCULAR DISEASES

Chesne, Edward L. CD\*, IM\*  
Chun, Patrick K.C. CD\*, IM\*  
Cogon, John J. CD\*, IM\*  
Fergusson, David J.G. CD  
Friedwold, Vincent E. CD\*  
Lee, Ernest K.H. CD, IM\*

Lim, Dion Indra  
Magnier, Eugene A.H.  
Miles, Alexander Scott K.  
Mari, Masahira  
Orbisan, James A.  
Pang, Derek K.H.  
Wallach, Stephen J.  
White, Roger L.  
Wang, Calvin Y.H.

CD  
CD\*, IM\*  
CD, IM\*  
CD\*, IM  
CD\*, IM\*  
CD, IM\*  
CD\*, IM\*  
CD\*, IM\*  
CD\*, IM\*

## CARDIOVASCULAR SURGERY

Dang, Michael H. CDS\*, TS\*  
Ferris, Eugene B III CDS\*, GS\*  
McNamara, J. Judson CDS\*, TS\*, GS\*

## CHILD NEUROLOGY

Bart, Robert D. CHN\*, PD\*

## CHILD PSYCHIATRY

Akina, Eleanor Green CHP, P\*  
In, Peter A. CHP, P

## CLINICAL PATHOLOGY

Kelman, Edward M. CLP\*, PTH\*

## COLON AND RECTAL SURGERY

Omura, Richard S. CRS\*, GS\*  
Sakai, Clarence S. CRS\*

## DERMATOLOGY

Ackerman, Milton J. D\*  
Allison, Samuel D. D\*  
Arnold, Harry L. Jr. D\*  
Caver, Claude V. D  
Chrisman, Bruce B. D\*, OA  
Chung-Haan, Edwin K. D  
Clingan, Robert C. D\*  
Curphey, Edwin R. D\*  
Dong, Richard W.M. D\*  
Edwards, Nancy L. D\*  
Elpern, David J. D\*  
Emura, Edward T. D\*  
Glamb, Raman W. D\*  
Gah, Kim S. D\*  
Goldstein, Norman D\*  
Grekin, Joy L. D\*  
Hathaway, Joseph C. D\*  
Hellreich, Philip D. D\*  
Huntley, David M. D\*  
Izumi, Allan K. D\*  
Kim, Robert D\*, DMP\*  
Laa, Cyrus W. D\*, PYM  
Maag, Frederick F. D\*, DMP\*  
Martin, Curtice T. D\*  
Palmer, Daniel D. D\*, DMP\*  
Salenger, Gary D\*  
Steuermann, Nicholas Jr. D  
Sunahara, Paul I. D\*  
Wang, William K. D\*

## DIABETES

Miyahira, Willard Y. DIA, END

## DIAGNOSTIC RADIOLOGY

Bendan, James A. DR\*  
Buchanan, William Y. Jr. DR\*  
DeJournett, Richard L. DR\*  
Jabe, Virgil R. Jr. DR\*  
Liese, Graver J. DR\*  
Matsubara, Rodney S. DR  
Patchell, Larry L. DR\*  
Soang, John L. DR\*, NM\*  
Spielman, Stuart H. DR\*  
Takushi, George M. DR  
Varolik, Frank J. DR\*  
Wassan, Eugene C. III DR\*, NM

## EMERGENCY MEDICINE

Budde, James C. EM\*  
Burkle, Frederick M. Jr. EM, PD\*, P  
Dunn, Philip H. EM  
Evans, David G. EM  
Grote, Joseph A. EM  
Hefley, Martha Lou EM  
Kaenig, Allan C. EM  
Kubota, Earl A. EM  
McDonald, John A. EM\*  
Mills, John F. EM  
Mitchell, Charles T. EM  
Nakashima, Norman T. EM  
Ostman, Douglas C. EM  
Putnam, Deborah A. EM  
Scherman, Bernard M. EM  
Simich, Robert L. EM, FP\*  
Sims, Jael K. EM, GP  
Townsend, Marilu EM

## ENDOCRINOLOGY

Beddow, Ralph M. END, DIA  
Fitz-Patrick, David END, IM\*  
Tan, Siang Yong END, IM\*  
Wong, Terry C.Y. END\*, IM\*

## FAMILY PRACTICE

Andrews, Joseph E. FP, PUD  
Aoki, John E. FP\*  
Azman, Ben K. FP\*  
Bode, Ernest L. FP\*  
Ballard, Edwin R. FP  
Baysa, Norberto FP\*  
Benson, Robert G. FP\*  
Balosan, Lydia K. FP  
Cachero, Catalino L. FP  
Cahill, Thomas G. FP\*  
Carvalho, Reginald S. FP\*  
Chang, Clarence F. FP, OBG  
Chong, Thomas Y.K. FP  
Chun, Richard FP  
Cockett, Patrick M. FP\*  
Dang, Vincent P. FP, EM  
Davies, Harri L. FP\*  
DeGinder, Kelvin FP\*, AM  
Dizon, Victor S. FP



Druecker, Clifford T.	FP	Mantell, Edwin M.	GE*, IM*	<b>GENERAL SURGERY</b>	
Esaki, Paul T.	FP*	Scawcroft, Charles	GE, IM	Abunda, Manuel A. Jr.	GS*
Exton, Eileen	FP*	Shimada, Stanley S.	GE*, IM*	Achang, Neville G.	GS*
Farrell, Donald L.	FP*	Sue, Sam Oliver	GE*, IM*	Akagi, Noboru	GS, FP
Fleming, James F.	FP*			Ang, Manuel	GS*, PD*
Gilbert, Darcel	FP*			Aquilizan, Hilaria A.	GS, FP
Glaver, Mary A.	FP*, GPM			Au, Francis T.C.	GS
Greer, Gary W.	FP			Balfaur, Jahn F.	GS*
Haling, Kenneth A.	FP*			Batten, Graver H.	GS*
Haning, William F. III	FP, EM			Baane, Edward W.	GS*, FP
Hase, Michael F.	FP*			Bristol, Rodrigo G.	GS
Hennessey, Joseph P. Jr.	FP, EM			Casile, Ruben A.	GS, OBG
Higashi, Benjamin	FP, GS			Chalmers, Jahn F.	GS*, U
Hur, Ben I.M.	FP, PD			Chang, Clifford B.G.	GS*
Ing, Edmund T.K.	FP, U			Chang, Walter Y.M.	GS*
Ita, William S.	FP			Cheng, Minalu R.	GS
Jasinski, Oaris R.	FP*			Cherry, James W.	GS*, CRS
Kam, Joseph T.Y.	FP			Dang, William W.L.	GS
Kaneshiro, Francis T.	FP			Ferren, Frank A. Jr.	GS*
Kasamata, Sadaichi	FP			Fraix, Clea J.	GS*, ABS
Kawasaki, Isaac A.	FP, GS			Fujikami, Raymond H.	GS*, CRS
Lam, Frederick M.K. Jr.	FP*			Fukumura, Takakazu	GS, GE
Lawson, Harald G.	FP*, GS			Grebe, Werner H.	GS*
Lewin, Jahn C.	FP			Hamblin, Robert J.	GS*
Lin, Paul Y.K.	FP			Iacanetti, William E.	GS
Livingstone, David	FP*			Inaue, Allan A.	GS*, TS
Luke, Hing Biu	FP*			Iritani, Ray I.	GS*
Luning, Alan K.	FP			Jim, Edward L.S.	GS*, HNS*
Machigashira, Harald T.	FP*			Judd, Charles S.	GS*
Matayoshi, James K.	FP			Kiehm, Leonard Y.H.	GS*
McDevitt, Jeffrey B.	FP			Kistner, Robert L.	GS*
McEwan, David B.	FP*			Lau, Edward K.	GS*
Mitsuda, Masata	FP			Lewis, Harold	GS*
Miyasaki, Seiichi	FP*			Liaa, Shun-Kwung	GS*
Miyashiro, Yonemichi	FP			Liu, Rit	GS
Nam, Herbert M.	FP			Lui, Wallace	GS*, TS*
Newman, Jahn W.	FP*			Luke, Herbert K.N.	GS*, OM
Ning, Lily	FP*			Lum, Carl H.	GS*
Ohata, Seiya	FP			Maffei, Rudolph J.	GS
Ohtani, Masata	FP			Magaun, Thatcher	GS*
Overlack, Robert	FP*			Mamiya, Richard T.	GS*, TS*
Pang, David L.	FP*			Marr, James D.	GS
Pang, H.Q.	FP, OBG			Mirikitani, Clifford K.	GS*, TS*
Penn, Sandra P.	FP*			Mirzai, Mahmaad	GS*
Percy, Helen S.	FP*			Mori, Victor M.	GS*, TS
Polskin, Louis J.	FP			Mariaka, William K.	GS*
Sasaki, Kaoru	FP			Nip, George H.	GS*
Scamaharn, James O.	FP*, EM			Nishi, James A.	GS
Sawers, J. Mark B.	FP*			Nishijima, Randal	GS
Sugimata, Fumiya	FP, IM			Oda, Francis T.	GS*
Sullivan, Helen L.	FP, LM			Oishi, Robert H.	GS*
Takaki, Herbert S.	FP			Oldfather, Timothy	GS*
Takeuchi, Joan	FP			Pang, Richard K.S.	GS*, TS*
Tesaro, Richard P.	FP*				
Takeshi, Jinichi	FP*				
Tyau, Steven	FP*, PUD				
Wall, Garton E.	FP*, OM				
Walsh, Patrick J.	FP*				
Wee, Timothy I.	FP				
Welch, Kathleen	FP				
Wentworth, Mark A.	FP*				
Wigle, Arch T.	FP*, OM				
Wilkinson, William H.	FP, OBG				
Wang, A.Y.	FP				
Wang, Lawrence Y.W.	FP				
Woo, Timothy D.	FP, OM				
Yau, Richard W.	FP*				

# GENERAL PRACTICE

Beardsley, Gale R. Jr.	GP
Baane, Wilnot B.	GP
Chock, King Chee	GP
Day, Dahlis M.	GP
Fraese, Carol A.	GP
Fruean, William	GP
Fujii, Takea	GP
Goodhue, William W.	GP, ABS*
Halpern, Gilbert M.	GP, OM
Haraguchi, Samuel M.	GP
Helms, Ed B.	GP
Howell, Milton M.	GP
Ing, Kenneth K.F.	GP, GS
Jahnsan, Arthur C. III	GP
Keeney, Tawn I.	GP
Lau, Lawrence L. Jr.	GP
Laa, Walter S.L.	GP
Luke, Leslie	GP
Lutz, Robert D.	GP
Mathias, Deborah L.	GP
Nierenberg, Chet	GP, OA
Nada, Richard Y.	GP
Odegaard, Barry N.	GP
Paraz, Alvin A.	GP
Patterson, R. Reginald	GP, ORS
Phillips, James S.	GP
Reppun, J.I. Frederick	GP, FP
Shlachter, Marc B.	GP
Stevens, Paul G.	GP
Underwood, Edward B.	GP
Uyeno, R.K.	GP
Wade, Burt O.	GP, GS
Walsh, William M.	GP, FP
Willet, Edwin O.	GP, OM
Winter, Lawrence H.	GP
Wang, Carolina D.	GP
Yamauchi, Richard M.	GP
Yokoyama, Henry N.	GP

# GENERAL PREVENTIVE MEDICINE

Hinds, M. Ward	GPM*, PH*
Kalanel, Laurence N.	GPM*
Quisenberry, Walter B.	GPM*, IM
Susatt, Daniel C.	GPM

## HIGUCHI INSURANCE AGENCY, INC.

523-0144

## HAWAII MEDICAL ASSOCIATION'S INSURANCE PROGRAM ADMINISTRATOR

TERM LIFE INSURANCE | DISABILITY INCOME INSURANCE  
DEFENDANTS REIMBURSEMENT INSURANCE

# GASTROENTEROLOGY

Hartman, William A.	GE*, IM*
Hiatt, Gerald A.	GE*, IM*
Lezak, Myran B.	GE*, IM*

Pathamvanich, Damkerng	GS*
Peebles, Lawrence A.	GS*
Rassman, William	GS*
Rackett, Louis S.	GS*
Ramera, Jose L.	GS*
Scully, Nial M.	GS*, TS*
Shim, Walton K.T.	GS*, PDS*
Tanaka, Kazushi	GS*
Tanaue, Ray	GS*
Tashima, Wilfred I.	GS*
Tam, Benjamin C.K.	GS*
Tarres, Ignacia A.	GS*, TS*
Uehara, Sakae	GS*
Waite, Verne C.	GS*, GE
Warshauer, Frederick B.	GS*, TS
Whelan, Thomas J. Jr.	GS*
Wienke, James W.	GS*
Withers, John N.	GS*
Wang, Bradley D.	GS*
Wang, Desmond K.W.	GS*
Wang, Livingston M.F.	GS*
Yamauchi, Shoyei	GS
Yee, Lester P.K.	GS*
Yashida, Yutaka K.	GS*

#### HEMATOLOGY

Jim, Robert T.S.	HEM*, ON
Nakamura, Jeffrey M.	HEM*, ON*
Rajdev, Niranjay	HEM*, ON*, IM*

#### INFECTIOUS DISEASES

Berman, Steven J.	ID*, IM*
Pien, Francis D.	ID*, IM*

#### INTERNAL MEDICINE

Andrew, David J.	IM, PUD
Angeles, Abdiel M.	IM
Aaki, Vincent S.	IM, PA
Arnald, Stephen D.	IM
Au, Thomas	IM
Belcher, Daniel H.	IM*
Bell, Douglas B. II	IM
Berk, Marton E.	IM*, CD*
Berthiaume, John T.	IM*
Blaisdell, Richard	IM*, HEM
Bruce, Nadine C.	IM*
Burnett, William H.	IM
Callan, John P.	IM*, PUD*
Canete, Daniela R.	IM, CD
Chang, Richard K.C.	IM*, GE*
Chang, Walter W.Y.	IM*, A
Chang, Winfred Y.K.	IM*
Chen, Thomas C.W.	IM
Ching, Charles T.H.	IM*
Chinn, Florence J.	IM
Cha, Jonathan K.	IM*
Chun, Hing Hua	IM*, CD
Dawson, John M.	IM*, GPM
deHay, Raymond M.	IM*, GE
DeLean, Jose	IM
Dimitrian, Michael J.	IM
Diasa, Marconi M.	IM*, ON
Doalittle, Stewart E.	IM*
Durden, W. Dawson Jr.	IM*, GE*
Ebisu, Ray J.	IM*
Eith, David T.	IM, OM
Elizaga, Fortunata V.	IM*, HEM
Fang, Bernard W.D.	IM*, CD
Fang, Henry H.C.	IM*

Frankel, Richard I.	
Fryer, Gladys C.	
Garis, George B.	
Gilbert, Fred I. Jr.	
Glaser, Gary A.	
Gashi, Keiichi	
Gata, Unaji	
Gulbrandsen, Christian L.	
Hall, Thomas C.	
Hartwell, Alfred S.	
Hew, Joseph T.T. Jr.	
Hicks, Russell	
Himeda, Scott T.	
Hirasa, James H.	
Ho, Reginald C.S.	
Hollisan, Robert V.	
Hauk, John H.	
Hughes, Kenneth R.	
Ignacia, Azucena	
Ikeda, Jack K.	
Ikezaki, Francis M.	
Inamasu, Melvin S.	
Ishiaka, Michael	
James, Jonathan B.	
James, William C.	
Jahnsan, Elmer C.	
Kagihara, Lance M.	
Kamada, Ray O.	
Kanda, Edward N.	
Kaneshira, Melvyn M.	
Kaneshira, Owen D.	
Kim, Dukee	
Kim, John H.C.	
Kim, Peter	
Kuge, Mark T.	
Kuramata, Kikuo	
Lai, Patrick T.	
Lau, Richard C.	
Lau, Thomas K.L.	
Lee, Kenneth K.H.	
Lee, Winfred Y.	
Levin, Melvin H.	
Liu, Gordon F.H.	
Loh, Kevin	
Lum, Chew Mung	
Lum, Wayne Y.H.	
Madamba, Gloria M.	
Martin, William H.	
Matsui, Adelina V.	
Matsuyama, Eugene S.	
McKnight, Larry C.	
Mehta, Bal Raj	
Mickey, John V.	
Mills, George H.	
Min, Thomas S.	
Moore, Ronald D.	
Morris, Alfred D.	
Moser, Steven M.	
Myers, N. Fred	
Nakana, Jiro	
Nakasane, Nabuyuki	
Nelsen, Alan C.	
Nikaitani, Donald K.	
Oda, Yoshio	
Ogata, Roger I.	
Ogawa, Shaza	
Oishi, Nabaru	
Okazaki, Kyura	
Orinian, Ernesta A.	
Pack, Winifred	
Perry, Ronald G.	
Prestan, Henry N.	

IM*, ID*
IM, GER
IM
IM*, NM
IM, GE
IM, A
IM*, CD
IM*, HEM*
IM*, ON*
IM*, CD*
IM, GE
IM*, ADL
IM
IM*, FP
IM*, HEM
IM*, FP*
IM*
IM*, LM
IM, ON
IM*
IM*, ON
IM*
IM*
IM*, ON
IM*
IM*, CD*
IM*, GE*
IM*, HEM
IM*
IM*
IM*, END
IM*
IM*
IM
IM
IM, ON
IM*
IM*, NM*, END*
IM*, RHU
IM
IM*, ON*, HEM
IM*
IM
IM
IM*, END*, DIA*
IM, END
IM*
IM*
IM*, PUD*
IM
IM
IM*
IM*
IM*, CD*
IM*, NEP*
IM*
IM*, CD
IM
IM*
IM, DIA
IM*, ON*, HEM
IM, GE
IM
IM*, PUD
IM
IM*

Puapangsakorn, Prophan	IM*
Rahman, Ijaz Ur	IM, CD
Ramiscal, Marina Badua	IM
Ramseyer, Judith	IM*
Rayner, Enid Lynn	IM*
Sage, William H.	IM
Sanidad, Adela G.	IM*
Satta, Sukchai	IM*
Savana, Michael R.	IM*
Schraffner, Werner G.	IM*, END*
Seid, Arnold	IM
Shirasu, Myran E.	IM*
Siemsen, Arnold W.	IM*, NEP
Sitkin, Robert S.	IM*
Safia, Gilbert F.	IM*
Saan, Gerald F.L.	IM*
Sariona, Gilda S.	IM*, NEP
Stevens, Marquis E.	IM
Sugihara, Jared G.	IM*, NEP*
Suzuki, George	IM
Tsai, Joseph C.S.	IM*
Ushiyama, Yashiki	IM
Uta, Glenn A.	IM*
Wachi, Dennis H.	IM*, ON
Wakai, Carlidge S.	IM, CD
Wang, Elsie Blassam	IM*
Watt, Walter H.K.	IM
Whang, Edmund S.M.	IM*, NEP
Wan, Francis K.L.	IM
Wang, Herbert Y.K.	IM
Wang, Roger H.W.	IM
Wang, Rose K.L.	IM
Wang, Warren L.H.	IM
Yamada, Edward Y.	IM
Yim, Bernard J.B.	IM*, CD
Yuan, David C.	IM*, NEP*
Wang, Herbert Y.K.	IM
Wang, Roger H.W.	IM
Wang, Rose K.L.	IM
Wong, Warren L.H.	IM
Yamada, Edward Y.	IM
Yim, Bernard J.B.	IM*, CD
Yuan, David C.	IM*, NEP*

#### NEPHROLOGY

Musgrave, James E.	NEP*
Seta, Dudley S.J.	NEP*, IM*
Wang, Eugene G.C.	NEP, IM*

#### NEUROLOGICAL SURGERY

Batkin, Stanley	NS*, N
Bergmanis, Juris	NS*
Chang, Gonzala G.	NS
Claward, Ralph B.	NS*
Gaebert, H. William Jr.	NS*, LM
Hammon, William M.	NS*
Ishida, Warren Y.	NS
Kam, Calvin C.M.	NS*
Nicholson, Maurice W.	NS*
Sakoda, Thomas H.	NS*
Taniguchi, Raymond M.	NS*
Urata, Maxwell M.	NS

#### NEUROLOGY

Au, Stanford K.W.	N*
Chack, Raymond Y.W.	N
Hinman, Robert C.	N*, IM
Hirst, Neill S.	N*
Nakana, Kenneth K.	N*, OA



Okihira, Michael M.	N <sup>A</sup>
Pearce, James W.	N <sup>A</sup>
Pierce, James F.	N <sup>A</sup>
Papper, Jordan S.	N <sup>A</sup>

**NUCLEAR MEDICINE**

McCabe, Michael J.	NM <sup>a</sup> , R <sup>*</sup>
Nardyke, Robert A.	NM <sup>a</sup> , IM <sup>*</sup>

## OBSTETRICS AND GYNECOLOGY

Aggerup, Glenn S.	OBG
Allin, Robert C.	OBG*
Alvarez-Pacpaca, Elenita	OBG*, NPM*
Bachman, Lyle	OBG*
Ballerini, Edward A.	OBG*
Bautista, Maria P.	OBG
Berger, Murray S.	OBG*
Beringer, E. Duane	OBG*, LM*
Berman, Ronald	OBG*
Carty, Fugate	OBG*
Chang, Gordon Y.H.	OBG
Chen, Chao H.	OBG*
Chang, Ritt	OBG*
DeSilva, Nihal	OBG
Emura, Steven T.	OBG
Fujita, Sydney T.	OBG*
Gintling, William	OBG*
Gata, George	OBG*
Gramlich, Edwin P.	OBG*
Grant, Kenneth E.	OBG*
Hale, Ralph W.	OBG*
Hindle, William H.	OBG*
Honba, Clayton K.	OBG*
Haskinsan, William S.	OBG*
Haward, Leonard R.	OBG*
Ing, Gordon K.C.	OBG*
Kimata, Gary T.	OBG
Kasasa, Thomas S.	OBG*
Krieger, Jahn A.	OBG*
Lau, H. Larrin	OBG, NPM, E
Lee, Ung	OBG*
Li, F.C.	OBG*
Li-Ma, Gaylyn G.L.	OBG
Lui, Robert J.	OBG
Luke, Bruce I.	OBG
Matsuoka, Edward T.	OBG*
McCollin, Paul F.	OBG*
McCarristan, Colin C.	OBG*
McGuire, James P.	OBG
McKenzie, William F.	OBG*
McNamee, Philip I.	OBG*
Miewald, Jahn R.	OBG*
Martan, Carl	OBG*
Mundt, Arna J.	OBG*
Nakagawa, Bunzo	OBG*
Nakamura, Frank H.	OBG
Nakata, Harry H.	OBG*
Natari, Shigea	OBG
Ogami, Nabaru	OBG*
Ontai, Gordon C.	OBG*
Oshira, Thomas K.	OBG*
Pruett, Kenneth	OBG*
Saiki, Stanley M.	OBG*
Sakimata, Richard Y.	OBG*
Sata, Norman E.	OBG*
Seta, Millard S.J.	OBG*
Sharma, Santash	OBG*
Shimamura, George	OBG*
Sinclair, David A.	OBG*
Sira, Santad	OBG

Spangler, John S.	OBG*
Takase, Allan S.	OBG*
Takemata, Wayne S.	OBG*
Teruya, Thomas H.	OBG*
Tam, Kam S.	OBG*
Tamai, Elbert	OBG*
Tseu, Theodore K.L.	OBG*
Tsuei, Julia J.	OBG*
Uahara, Jahn K.	OBG*
Wakatake, Yaria	OBG
Winn, Neal E.	OBG*
Winstan, Hamilton M.	OBG
Wang, James T.S.	OBG*
Wyatt, Clarence A. Jr.	OBG*
Yamashira, Charles K.	OBG*
Yapp, Robert G. Jr.	OBG*
Yazawa, Keijira	OBG*
Yakachi, Gareth C.	OBG*
Youna, Lackwood S.J.	OBG*

## OCCUPATIONAL MEDICINE

Dusendschan, Raymand C. OM\*

## ONCOLOGY

Candit, Paul T.	ON
Guerrero, Reuben	ON*, IM*

## OPHTHALMOLOGY

Anastasi, Larene M.	OPH
Camara, Jarge G.	OPH
Chee, Percival H.Y.	OPH*
Chen, Ming	OPH*
Carbay, Jahn M.	OPH*, AM
Crane, Timothy B.	OPH*
Depp, Donald S.	OPH*
Dravilhet, Jahn H.	OPH*
Edwards, Gary A.	OPH*
Faulkner, Gerald D.	OPH*
Hayashida, Michihika	OPH*
Ing, Malcolm R.	OPH*
Kawaaka, Wallace S.	OPH
Kunimata, Allan R.	OPH*
Kuninabu, Leonard S.	OPH
Lee, Robert C. Jr.	OPH
Lee, Worldster	OPH*
Ludwig, Gerrit	OPH*
Maeda, Thomas H. Jr.	OPH*
Maehara, Dennis I.	OPH*
Minataya, Wilfred T.	OPH*
Miura, Calvin M.	OPH*
Pang, Herbert G.	OPH*
Pinkertan, O.D.	OPH*
Randell, David J.	OPH*
Rhades, Clifford	OPH*
Sraat, Donald A.	OPH*
Stadd, Russell T.	OPH*
Sugiki, Shigemi	OPH*
Tucker, Jerame L.	OPH*
Wilsan, Wayne R.	OPH*
Wang, Robert T.	OPH*
Yamamata, Gilbert K.	OPH*
Yamasaki, Margaret K.	OPH
Yee, Cyrus W.	OPH
Young, Robert P.	OPH*
Zelka, Jahn M.	OPH

## ORTHOPEDIC SURGERY

Brown, Mark W.	ORS
Cecilia, Salvador B.	ORS*

Chun-Haan, Albert C.K.	ORS <sup>+</sup>
Chung, Stanley M.K.	ORS <sup>+</sup>
Davenport, Kent	ORS <sup>+</sup>
Dericks, Gerard H.	ORS <sup>+</sup>
Diamond, Peter E.	ORS <sup>+</sup>
Dayle, James Ray	ORS <sup>+</sup>
Gordan, Lawrence H.	ORS <sup>+</sup>
Grallman, Thomas	ORS <sup>+</sup>
Harvey, Robert S.	ORS <sup>+</sup>
Hirasuna, Stephen	ORS <sup>+</sup>
Haward, R. Grant	ORS <sup>+</sup>
Irvine, Robert D.	ORS <sup>+</sup>
Janes, Donald A.	ORS <sup>+</sup>
Kimura, David Y.	ORS <sup>+</sup>
Kimura, Richard Y.	ORS <sup>+</sup>
Kong, Albert Y.T. Jr.	ORS <sup>+</sup>
Lichter, Rawlin L.	ORS <sup>+</sup>
Lindberg, Robert F.	ORS <sup>+</sup>
Lipp, Edward B. Jr.	ORS <sup>+</sup> , HS <sup>+</sup>
Lum, Edmund C.K.	ORS
Ma, Gabriel W.C.	ORS <sup>+</sup>
Maruyama, Donald K.	ORS <sup>+</sup>
Mayfield, Gerald W.	ORS <sup>+</sup>
Marimata, Garth Y.	ORS <sup>+</sup>
Nadamata, Ichira	ORS <sup>+</sup>
Nakamura, Narman Y.	ORS
Nemechek, Robert W.	ORS <sup>+</sup>
Owens, Thomas C.	ORS <sup>+</sup>
Pavel, Alan	ORS <sup>+</sup>
Prabst, C.E. Jr.	ORS <sup>+</sup>
Richardson, Allen B.	ORS <sup>+</sup>
Schilz, James P.	ORS
Simmans, Robert L.	ORS <sup>+</sup>
Smith, John S.	ORS <sup>+</sup>
Smith, Robert L.	ORS <sup>+</sup>
Takai, Masao	ORS <sup>+</sup>
Walinski, Thomas N.	ORS <sup>+</sup>
West, Richard M.	ORS <sup>+</sup>
Zakaib, George S.	ORS <sup>+</sup> , HS <sup>+</sup>

## OTORHINOLARYNGOLOGY

Bennett, Truett V.	OTO*
Chun, Kenneal Y.C.	OTO*
Dierdarff, Edwin P.	OTO*
Dan, Andrew	OTO*
Daa, Gene W.	OTO*
Erbach, Thomas S.	OTO*
Hata, Herbert T.	OTO
Ha, Albert K.T.	OTO*
Joseph, R. Bruce	OTO*
Kaku, T. Ray	OTO
Kimata, George	OTO*
Lim, Sigdian S.	OTO*, A
Mirikitani, Carl M.	OTO*
Newbill, Daniel C. Jr.	OTO
Oshira, Hidea	OTO*, HNS*
Pang, L.Q.	OTO*, A
Pang, Meredith K.L.	OTO*
Peraff, Ronald P.	OTO*
Sy, Raman K.	OTO
Tam, Roland F.S.	OTO*, HNS
Teruya, Kazuo	OTO*
Young, Edwin L.	OTO, OPH
Youna, Walter K.W.	OTO*

## PATHOLOGY

Catts, Ann B.	PTH*
Cauch, Rex D.	PTH*, CLP*
Emrick, Robert J.	PTH
Flair, Robert C.	PTH*
Frahlich, Julia	PTH*

Fukunaga, Francis H.  
Grimm, Terrence E.  
Hardman, John M.  
Horio, David T.  
Kelley, Richard R.  
Kobara, Thomas Y.  
Lockett, Lawrence J.  
Lumeng, James  
MacInnes, Frederic C.  
McCarthy, Lawrence J.  
Moran, Clifford F.  
Namiki, Hideo  
Navin, James J.  
Odom, Charles B.  
Paik, Young K.  
Park, Moon Soo  
Salceco, Arturo F.  
Tamura, Paul Y.  
Uemura, Herbert S.  
Wellington, John S.  
Will, Drake W.  
Woo, A. Stephen Jr.

PTH\*, CLP\*  
PTH\*, CLP\*  
PTH\*  
PTH\*  
PTH\*  
PTH\*, DMP\*  
PTH\*  
PTH\*, IM\*, ON\*  
PTH\*  
PTH\*, FOP  
PTH\*  
PTH\*  
PTH\*  
PTH\*  
PTH\*, OBG\*  
PTH\*  
PTH\*  
PTH\*  
PTH\*, CLP\*  
PTH\*, CLP\*  
PTH\*, GS\*  
PTH\*  
PTH\*

Sia, Calvin C.J.  
Siu, K. Kenneth  
Smith, Roy G.  
Soo, Betty S.M.  
Starbuck, George W.  
Stitt, Pauline G.  
Tabrah, Frank L.  
Tomamitsu, Eliot N.  
Tong, Wyman E.  
Tottori, Hiroaki  
Tottori, Mitsuo  
Watt, Phillip H.F.  
Waxman, Sorrell H.  
Wiebe, Robert A.  
Wilkinson, Robert W.  
Wong, Art  
Wood, David E.  
Yee, Ann Barbara Ho  
Yim, Henry L.  
Young, Franklin S.H.  
Young, Herbert H.C. Jr.  
Young, Joseph S.T.

PD\*  
PD, GP  
PD\*, PH  
PD\*  
PD\*  
PD\*, GPM\*  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*, ADL\*, PDE  
PD\*  
PD\*, PHO\*  
PD\*  
PD\*, ADL\*  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*

Harrison, James G. Jr.  
Hawk, Alan B.  
Holtzman, Saul C.  
Howlett, Lynda J.  
Kojak, George Jr.  
Kumar, Krishna  
Lind, Dennis B.  
Lo, Pershing S.  
Lum, Kwong Yen  
Marvit, Robert C.  
Mateus, Francy  
McDermott, John F. Jr.  
Mebane, John C.  
Neal, Randolph D.  
Patel, Vit U.  
Sakamaki, Leigh  
Schnack, George F.  
Seto, Anthony  
Slomoff, Boyd J.  
Varady, Lothar M.  
Watanabe, Henry K.  
Wehrenberg, James H.  
Yuen, Gregory E.M.

P  
P\*  
P\*  
P, CHP  
P\*  
P\*  
P\*  
P\*  
P\*  
P\*  
P  
P\*, CHP\*  
P\*, OM  
P  
P\*, PYM  
P\*, CHP\*  
P\*  
P  
P\*  
P\*  
P\*  
P\*  
P, EM  
P, NTR

## PEDIATRICS

Akitake, Bert  
Ando, Richard E.  
Briley, John M. Jr.  
Cashman, Thomas M.  
Chang, Jeanette H.J.  
Char, Donald F.B.  
Choan, Andre B.  
Chuang, Katak A.  
Chun, L.T.  
Fu, Denis J.  
Hagino, Ross Y.  
Hammar, Sherrel L.  
Hino, Ronald H.  
Ho, Edgar C.K.  
Ho, Richard K.B.  
Ho, Victor  
Hsia, Yujen Edward  
Iwaishi, Louise K.  
Jacang, Amelia R.  
Kagihara, Edward K. Jr.  
Kawaoka, Eric J.  
Kawasugi, Toshihiko  
Kepler, William G.  
Kuboyama, Roy F.  
Laird, Robert H.  
Lau, Shigeko Okamoto  
Marshall, Donald C.  
Matsuura, Ruth H.  
McCleary, Donna L.  
Mertz, James L.  
Milnor, John C.  
Moore, William F. Jr.  
Naguwa, Gwen S.  
Nakata, Herbert M.  
Niimi, Roy N.  
Oda, Ruth E.  
Ogawa, Robert T.  
Ohtani, Roy R.  
Osako, Arthur T.  
Park, Hoon  
Peat, Alexander C.  
Reddy, D. Venudhar  
Ringwood, John W.  
Roth, Alexander  
Saegusa, Jiro  
Sexton, Harold M.  
Shirai, Reynold S.

PD  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*, PDC  
PD\*  
PD\*  
PD\*  
PD\*, ADL  
PD  
PD\*, PDC  
PD\*  
PD\*  
PD\*, OA  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*  
PD  
PD\*  
PD\*  
PD\*, PHO  
PD\*  
PD\*, A  
PD  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*  
PD\*, PHO\*  
PD\*  
PD\*  
PD\*, PDC  
PD  
PD\*, PDA, A\*  
PD  
PD\*  
PD\*

## PHYSICAL MEDICINE AND REHABILITATION

Crowley, Dennis M.  
Portner, Bernard M.

PM\*, PD\*  
PM

## PLASTIC SURGERY

Bentley, Wendell J.  
Cooper, Maxwell A.  
Fernandez, Leabert R.  
Flowers, Robert S.  
Hintz, Gunther  
Jim, Vernon K.S.  
Kuba, Katsuji  
Lau, Bennett M.K.  
Lozada, Guido  
Nakashima, Rolland K.  
Paopao, John F.  
Parsa, F. Don  
Penoff, James H.  
Rizzo, Marco  
Schlesinger, Stephen L.  
Schulz, Robert W.  
Siegel, Richard J.  
Weiner, Michael D.

PS  
PS\*, GS\*  
PS\*  
PS\*  
PS\*  
PS\*, OPH\*  
PS\*  
PS\*, GS\*  
PS, GS  
PS  
PS\*  
PS\*  
PS\*  
PS\*  
PS\*  
PS\*  
PS\*  
PS\*

## PSYCHIATRY

Adams, Elizabeth M.  
Arendsdorf, Alfred M.  
Bernstein, Mark H.  
Bloomgarden, Robert  
Bolian, George C.  
Brown, Carol Ann  
Bussey, George D.  
Char, Walter F.  
Chun, Theodore K.J.  
Clarkin, John P.  
Cody, William J.T.  
Coleman, Bernice E.  
Des Jarlais, David C.  
Durocher, John J.  
Eliashof, Byron A.  
Flarine, Charlotte M.  
Furukawa, Edward F.  
Golden, Arnold B.  
Hammer, Suzanne M.  
Harris, Blase B.  
Harris, Ellsworth B.

P\*  
P\*, CHP\*  
P  
P\*  
P\*, CHP\*  
P\*  
P  
P\*, CHP\*  
P  
P, CHP, PD\*  
P\*  
P\*  
P\*, IM\*  
P  
P\*, CHP  
P\*  
P\*  
P  
P  
P  
P  
P\*

## PSYCHOANALYSIS

Devereux, Ellis F.

PYA\*, P

## PUBLIC HEALTH

Anderson, Elisabeth K.  
Burch, Thomas A.  
Kirkhom, Lindsay Jack  
Lee, Richard K.C.  
Rigney, Kleona  
Watson, John R.

PH, PM  
PH  
PH, IM  
PH\*, D  
PH\*  
PH\*, OTO\*

## PULMONARY DISEASES

Adaniya, Roy S.  
Cohen, Herbert I.  
Furuike, Alvin N.  
Jones, William P.G.  
Massey, Douglas G.  
Mitchell, William H. Jr.  
Ono, Benjamin M.  
Yim, Ernie M.S.

PUD\*, IM\*  
PUD\*, IM\*  
PUD\*, IM\*  
PUD\*, IM\*  
PUD\*  
PUD\*, IM\*  
PUD, IM\*  
PUD, IM\*

## RADIOLOGY

Arthur, Philip S.  
Bjornson, Robert G.B.  
Bracher, George  
Brust, Raymond W. Jr.  
Childs, Edgar S.  
Claremont, Peter  
DeMare, Paul A.  
Dimaura, Robert M.  
Freed, Avery M.  
Funaki, Clarence  
Giles, Frederick B.  
Henry, George W.  
Kamin, Paul D.  
Lambeth, James T.  
Lee, Philip J.W.  
May, Robert L.  
Moore, Richard D.  
Nakamura, Harvey T.  
Nickon, Donald C.  
Pinedo, Romeo  
Rigler, Robert G.  
Sakuda, David H.  
Spies, William E.  
Williams, James R.

R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*, N  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*  
R\*



Wang, Sidney B.W.  
Yeah, Ghim Leang

R\*  
R\*

## UROLOGY

Ceccarelli, Frank E. U\*  
Chinn, Herbert Y.H. U\*  
Davis, William G. U\*  
Daw, James A. U\*  
Edwards, John W. Jr. U\*  
Ghash, Manas Kumar U\*  
Haines, Glenn J. U\*  
Kenessey, George E. U\*  
Kaike, Masaru U\*  
Maakini, Robert K. Jr. U\*  
Margan, Andrew L. U\*  
Shiraki, Iwaa William U\*  
Simmons, E. Lee U\*  
Stewart, James H. U\*  
Strade, Walter S. U\*  
Tan, Antonio K. U\*  
Tanabe, Eugene T. U\*  
Teruya, Kent K. U\*  
Uechi, Michael D.S. U\*  
Yamamoto, Shigeo U\*  
Yarbraugh, William J. U\*  
Young, James B.H. U\*

## RHEUMATOLOGY

Limpisvasti, Panu RHU\*, IM\*  
Wong, Arthur K. RHU, IM

## THERAPEUTIC RADIOLOGY

Bayer, Carl W. Jr. TR\*  
Brawn, Vincent C. TR\*  
Yamashiro, Charles H. TR\*

## THORACIC SURGERY

Ching, Nathaniel P.H. TS\*, GS\*  
Dang, Callin R. TS\*, GS\*  
Izawa, Edward H. TS\*, GS\*  
Kokame, Glenn M. TS\*, GS\*  
Lau, Jeffrey M. TS\*, GS\*  
Straehley, Clifford J. Jr. TS\*

## FREQUENTLY CALLED PHONE NUMBERS

### A&T PRINTING, INC.

(a subsidiary of the HMA) . 521-0068  
320 Ward Ave., Suite 101  
Honolulu 96814

### AMERICAN MEDICAL

ASSOCIATION . . . . . (312) 751-6000  
535 North Dearborn St.  
Chicago, Ill. 60610

### BOARD OF MEDICAL EXAMINERS,

STATE OF HAWAII (licensing) 548-4100  
(executive secretary) 548-6245  
1010 Richards St., P.O. Box 3469  
Honolulu 96801

### BUREAU OF MEDICAL ECONOMICS

(a subsidiary of the HCMS) 536-9691  
111 North King St., Suite 309  
Honolulu 96817

### EMERGENCY MEDICAL SERVICES

PROGRAM . . . . . 547-4471  
1301 Punchbowl St.  
Honolulu 96813

### HMA TRAVEL CLUB . . . . . 526-3726

c/a Century Travel Howoii  
210 Ward Ave.  
Honolulu 96814

### HAWAII MEDICAL ASSOCIATION . . . 536-7702

320 Ward Ave., Suite 200  
Honolulu 96814

### HAWAII MEDICAL LIBRARY . . . . . 536-9302

1221 Punchbowl St.  
Honolulu 96813

### HAWAII TUMOR REGISTRY . . . . . 521-0054

320 Ward Ave., Suite 207  
Honolulu 96814

### HONOLULU COUNTY MEDICAL

SOCIETY . . . . . 536-6988  
320 Ward Ave., Suite 200  
Honolulu 96814

### MEDICAL INSURANCE EXCHANGE

OF CALIFORNIA (MIEC) . . . . c/o HMA  
P.O. Box 7149 . . . . . 536-7702  
San Francisco, Calif. 94120  
(415) 393-5250

### PHYSICIANS EXCHANGE OF HONOLULU

(a subsidiary of the HCMS) 524-2575  
320 Ward Ave., Suite 105  
Honolulu 96814

### PRACTICE MANAGEMENT

CONSULTATION SERVICE  
(a program of the Phys. Exch) 533-4192  
320 Ward Ave., Suite 105  
Honolulu 96814

## The Hawaii Land Trust...

a new and better way to hold title to Real Estate.



- Separates legal title from beneficial interest.
- Enables real property to be transferred as personal property.
- Eliminates Agreement of Sale problems.
- Bypasses probate for Hawaii residents and non-residents.
- Simplifies transactions where there are multiple owners.

- Facilitates • gifts of interests in land
- Limits • personal liability under mortgages.
- Avoids • liens upon title.
- Allows use • of beneficial interest as collateral.
- Plus many • other advantages.

Call Carol Mon Lee,  
Director of Land Trust Services,  
for information, forms and brochures.  
We are ready to serve you as trustee.  
Home of the Hawaii Land Trust



Suite 1203, Davies Pacific Center, 841 Bishop Street  
Honolulu, Hawaii 96813 - Telephone 521-6543  
MAINLAND WATS (800) 367-5210  
INTERISLAND WATS (800) 272-5250

**kōkua**  
to help. assist. support

## Kokua Nurses and Para Professionals

is a medical staff relief agency committed to:

- CAREFUL SCREENING
- ON-SITE ORIENTATION
- PERFORMANCE MONITORING
- EMPLOYER SATISFACTION

## NURSES

R.N.'s, L.P.N.'s, Nurse Aides

## PARA PROFESSIONALS

Medical Technologists and Laboratory Technicians, Radiologic Technologists, Respiratory Therapists, Physical & Occupational Therapists

Founded in Hawaii . . .  
Serving all Hawaii

**536-2326**

1210 Auahi St., #223  
Honolulu, HI 96814

# INSTRUCTIONS TO AUTHORS HAWAII MEDICAL JOURNAL

## SUMMARY OF REQUIREMENTS

Type manuscript double spaced, including title page, abstract, text, acknowledgments, references, tables, and legends.

Each manuscript component should begin on a new page, in this sequence:

- Title
- Text
- Acknowledgments
- References
- Tables: each table, complete with title and footnotes, on a separate page
- Legends for illustrations

Illustrations must be good quality, unmounted glossy prints usually 12.7 by 17.3 cm. (5 by 7 in.) but no larger than 20.3 by 25.4 cm. (8 by 10 in.).

## SUBMISSION OF MANUSCRIPTS

Mail the manuscript in a heavy paper envelope, enclosing the manuscript and figures in cardboard, if necessary, to prevent bending of photographs during mail handling. Place photographs in a separate, smaller, heavy paper envelope.

Manuscripts should be accompanied by a covering letter from the author who will be responsible for correspondence regarding the manuscript. The covering letter should contain a statement that the manuscript has been seen and approved by all authors. Include copies of any permissions needed to reproduce published material or to use illustrations of identifiable subjects. Mail to Editor, Hawaii Medical Journal, c/o Hawaii Medical Association, 320 Ward Avenue, Suite 200, Honolulu, Hawaii 96814.

## PREPARATION OF MANUSCRIPT

Type manuscript on white bond paper, 20.3 by 26.7 cm. or 21.6 by 27.9 cm. (8 by 10½ in. or 8½ by 11 in.) with margins of at least 2.5 cm. (1 in.). Use double spacing throughout, including title page, abstract, text, acknowledgements, references, tables, and legends for illustrations. Begin each of the following sections on separate pages: Title Page, Acknowledgments, References, Tables and legends. Number pages consecutively, beginning with the Title Page. Type the page number in the upper right-hand corner of each page.

Manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere. This does not preclude consideration of a manuscript that has been rejected by another journal or of a complete report that follows publication of preliminary findings elsewhere, usually in the form of an abstract. Copies of any possibly duplicative published material should be submitted with the manuscript that is being sent for consideration.

**TITLE PAGE:** The title page should contain (1) the title of the article, which should be concise but informative; (2) a short running head or footline of no more than 40 characters (count letters and spaces) placed at the top of the title page; (3) first name, middle initial, and last name of each author, with highest academic degree(s); (4) name of department(s) and institution(s) to which the work should be attributed; (5) disclaimers, if any; (6) name and address of author responsible for correspondence about the manuscript; (7) names and address of author to whom requests for reprints should be addressed, or statement that reprints will not be available from the author; (8) the source(s) of support in the form of grants, equipment, drugs, or all of these.

**TEXT:** The text of observational and experimental articles is usually—but not necessarily—divided into sections with the headings: Introduction, Methods, Results, and Discussion. Long articles may need subheadings within some sections to clarify their content, especially the Results and Discussion sections.

**Introduction:** Clearly state the purpose of the article. Summarize the rationale for the study or observation. Give only strictly pertinent references, and do not review the subject extensively.

**Methods:** Describe your selection of the observational or experimental subjects (patients or experimental animals, including controls) clearly. Identify the methods, apparatus (manufacturer's name and address in parenthesis), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods; provide references and brief descriptions of methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations.

Include numbers of observations and the statistical significance of the findings when appropriate. Detailed statistical analyses, mathematical derivations, and the like may sometimes be suitably presented in the form of one or more appendixes.

**Results:** Present your results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables and/or illustrations: emphasize or summarize only important observations.

**Discussion:** Emphasize the new and important aspects of the study and conclusions that follow from them. Do not repeat in detail data given in the Results section. Include in the Discussion the implications of the findings and their limitations and relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

**ACKNOWLEDGMENTS:** Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name because readers may infer their endorsement of the data and conclusions.

**REFERENCES:** Number references consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by arabic numerals. References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of the particular table or illustration.

Use the form of references adopted by the U. S. National Library of Medicine and used in *Index Medicus*. The titles of journals should be abbreviated according to the style used in *Index Medicus*.

**TABLES:** Type each table on a separate sheet; remember to double space. Number tables consecutively and supply a brief title for each. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. For footnotes, use the following symbols in this sequence: \*, †, ‡, §, ¶, \*\*, ††. . . . Identify statistical measures of variations such as SD and SFM.

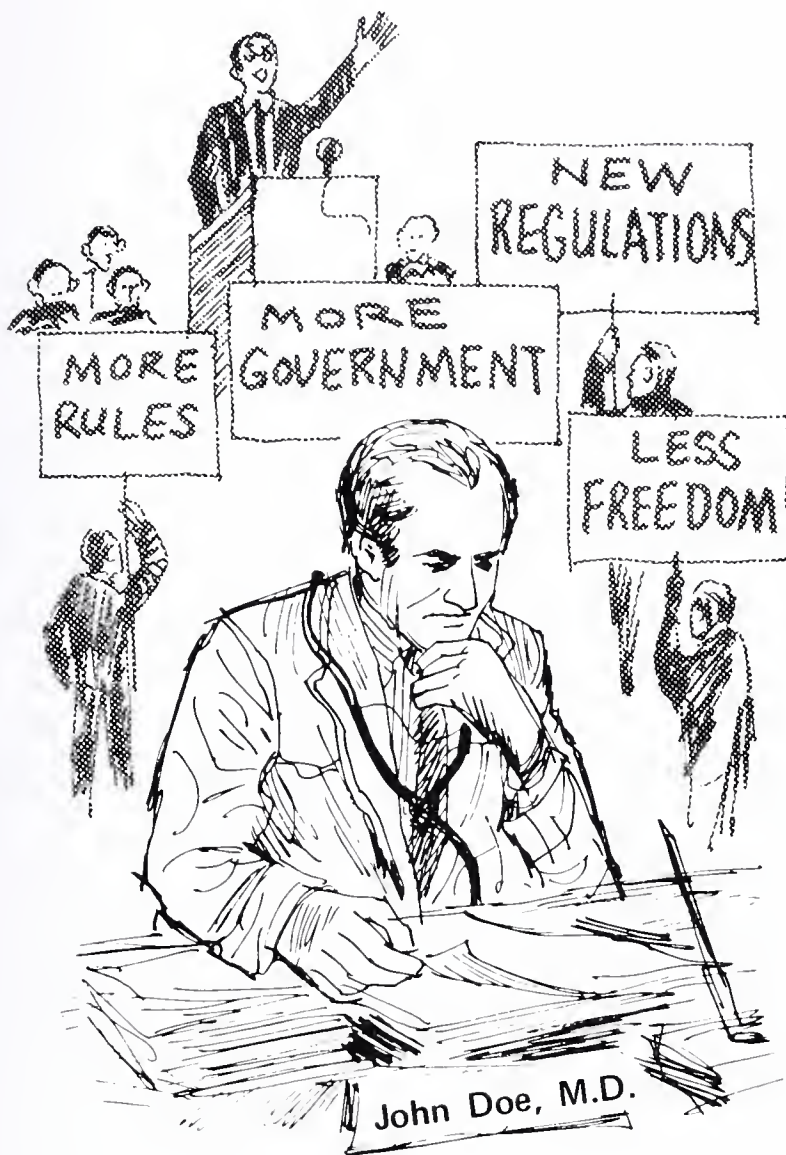
**ILLUSTRATIONS:** Submit the required number of complete sets of figures. Figures should be professionally drawn and photographed; freehand or typewritten lettering is unacceptable. Instead of original drawings, roentgenograms, and other material, send sharp, glossy black-and-white photographic prints, usually 12.7 by 17.3 cm. (5 by 7 in.) but no larger than 20.3 by 25.4 cm. (8 by 10 in.). Letters, numbers, and symbols should be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves.

Each figure should have a label pasted on its back indicating the number of the figure, the name of the authors, and the top of the figure. Do not write on the back of the figures or mount them on cardboard, or scratch or mar them using paper clips. Do not bend figures.

**LEGENDS FOR ILLUSTRATIONS:** Type legends for illustrations double spaced, starting on a separate page with arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain internal scale and identify method of staining in the photomicrographs.



# WHO RUNS GOVERNMENT?



IT'S UP TO  
YOU!

## JOIN **hampac**

**HAWAII MEDICAL POLITICAL ACTION COMMITTEE**

320 Ward Avenue, Honolulu, Hawaii 96814

For further information, phone 536-7702

## CLASSIFIED ADVERTISING Call 521-0021

*Minimum 4 lines  
\$3.50 per line + tax*

### EMPLOYMENT OPPORTUNITIES

Group Practice in Honolulu accepting applications for PRIMARY CARE positions in Pediatrics, Internal Medicine & OB/GYN. Send curriculum vitae to Dept. 1302, c/o Pacific Business News P.O. Box 833 Hon., HI 96808

MAUI—Growing, centrally located clinic seeks Internist, Cardiologist, Ob-Gyn, Neurologist, and Radiologist. Excellent lab and x-ray facilities on site. Attractive financial opportunities. Write William C. James, MD, Moui Clinic, 53 Puunene Avenue, Kahului, HI. 96732. Phone (808) 877-2023

### FOR SALE

IBM MEDICAL COMPUTER SYSTEM. \$12,500 Complete satisfaction or refund. Call Mel Sokoue 734-2271.

### OFFICES

FALL '83 COMPLETION  
Waioloe Professional Center. 35,000 sq. ft. Exclusive low-rise office & retail. Sydnee Arth (R) 537-6372

KAWAIAHAO PLAZA  
EXECUTIVE SUITE. Spaces up to 200 sq. ft. Office services provided. Parking available. Call Dennie 526-0808

WAHIAWA AREA  
Ideal for the professionals. New 2 story, elevator equipped, air conditioned with covered parking area. Flexible suite sizes avail. at 80¢ to \$1.00 NNN. Call 622-4354.

## Help 24 hours a day.

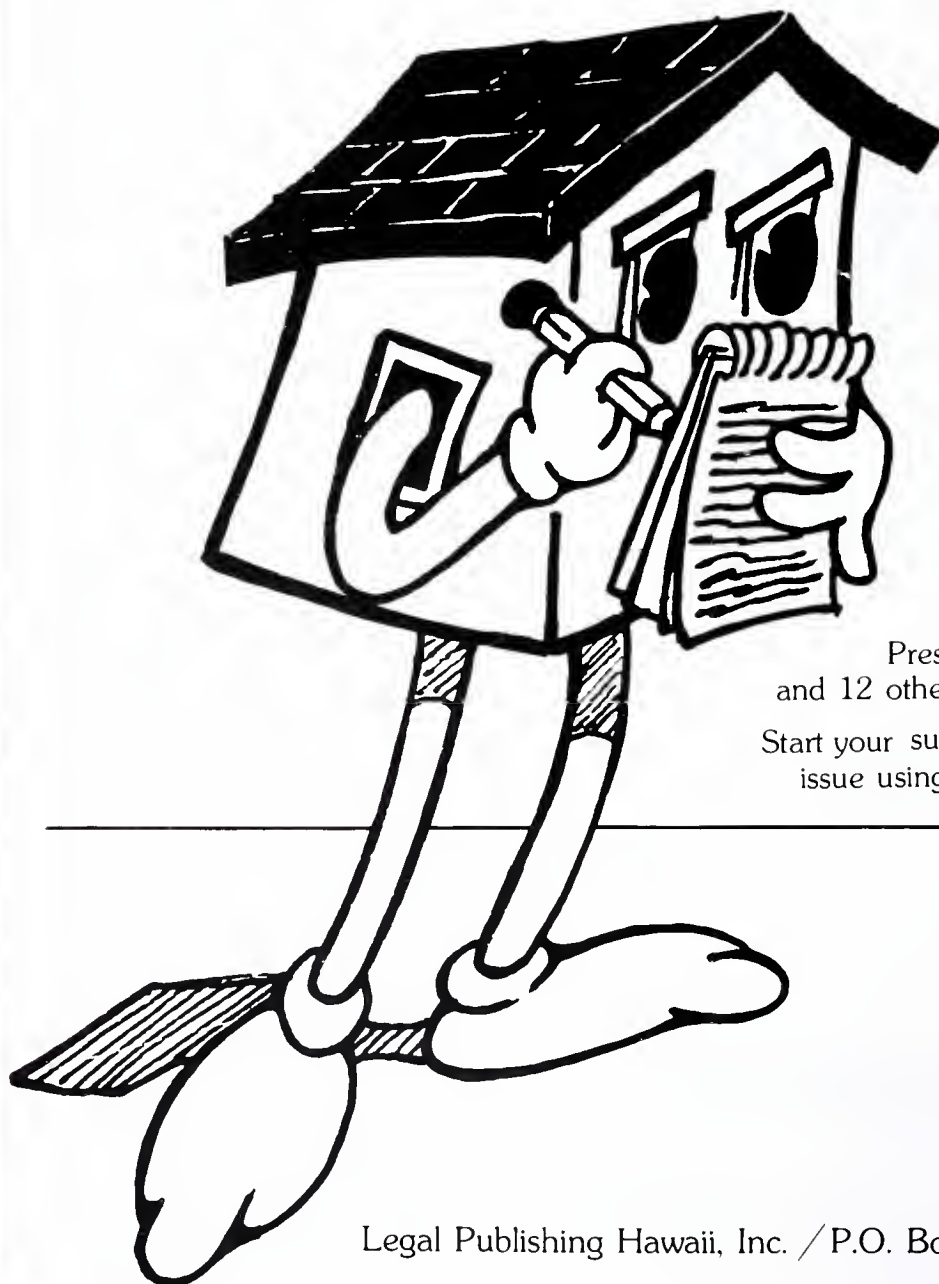
The AlohaLine is here to help you whenever you need us 24 hours a day. Please call the Volunteer, Information and Referral Service for information on the proper agency to meet your needs or for information to volunteer. We can help, 24 hours a day.

**521-4566**



**GIVE 'TIL IT FEELS GOOD.**  
The Aloha United Way

# HAWAII REAL ESTATE REPORTER



A monthly loose-leaf service from the publisher of Hawaii Legal Reporter.

Particularly helpful to Realtors, Attorneys, Financial Advisers and others who need to know of significant legal and administrative decisions related to real estate in Hawaii.

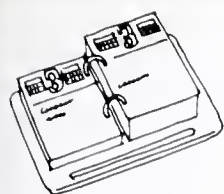
Send for a free sample issue and decide for yourself if this service isn't worth far more than its modest price. Only \$10 a month (payable annually).

Who stands behind this publication? Legal Publishing Hawaii, Inc., is a wholly-owned subsidiary of Crossroads Press, Inc., publisher of Pacific Business News and 12 other business and professional publications. Start your subscription now or send for a free sample issue using your letterhead.

---

Legal Publishing Hawaii, Inc. / P.O. Box 27611 / Honolulu, Hawaii 96827





## Continuing Medical Education

### CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks.") Asterisked programs also are accredited for AAFP prescribed credit.

#### LOCAL ACCREDITED PROGRAMS ONGOING

##### American Cancer Society, Hawaii Division

1. Telephone Task Force w/G.N. Wilcox Memorial Hospital, First Thursday, 12:45 p.m. and Fourth Tues. 12:30 p.m. w/ Maui Mem. Hsp. Held on Oahu at Am. Cancer Society main conf. room, 200 N. Vineyard, Honolulu.

##### John A. Burns School of Medicine

1. Dept. of Medicine
  - \*A. Case Conferences, Second and Fourth Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - \*B. Grand Rounds, First and Third Tuesdays, 12:30-2:00 p.m., Queen's University Tower, Room 618.
  - C. Endocrinology Grand Rounds, Second Thursday, 5:30-6:30 p.m., Queen's University Tower, Room 506.
  - D. UH-Queen's Conference, Fridays, 8:00-9:00 a.m., Queen's Medical Center, Mabel Smythe Auditorium.
  - E. Cardiology Grand Rounds, Third Tuesdays, 5:30-6:30 p.m., Queen's University Tower, Room 508.
  - F. Infectious Disease Grand Rounds, Second and Fourth Tuesdays, 5:00-6:00 p.m., Queen's Nalani I Conference Room.
  - G. Dermatology Grand Rounds, Second Wednesday, 7:30-9:30 a.m., Queen's Medical Center, Queen Emma Clinic.
  - H. Pulmonary Grand Rounds, Fourth Thursday, 4:30-5:30 p.m., Queen's Medical Center, Kamehameha Auditorium.
  - I. Nuclear Medicine Grand Rounds, Third Wednesday, 5:00-6:30 p.m., Straub Hospital, Doctors' Dining Room.
  - J. Medical-Surgical GI Grand Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Hospital, PB4 Classroom.
  - K. Hematology Grand Rounds, Fourth Monday, 12:30-1:30 p.m., Queen's University Tower, Room 721.
  - L. Nephrology Conference, First Monday, 1:00-2:00 p.m., St. Francis Hospital, Sullivan IV Classroom.
  - M. G.I. Journal Club, First Thursday, 5:00-6:00 p.m., Straub Clinic and Hospital, Fourth Floor Conference Room.
2. Dept. of Obstetrics and Gynecology
  - \*A. Grand Rounds, Wednesdays, 7:30-8:30 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
3. Division of Orthopedics
  - A. Fracture Conference, Mondays, 5:00-6:00 p.m., Queen's University Tower, Room 618.
  - B. Hand/Biomechanics/Foot Conference, Mondays, 4:00-5:00 p.m., Queen's University Tower, Room 618.
4. Dept. of Pediatrics
  - A. Grand Rounds, Thursdays, 8:00-9:00 a.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - B. Pediatric Monday Noon Conference, Mondays, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium.
  - C. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., Kapiolani-Children's Medical Center, Conference Room B.
  - D. Perinatal Grand Rounds, Fridays, 8:15-9:15 p.m., Kapiolani-Children's Medical Center, Conference Room B.
5. Dept. of Psychiatry
  - A. Grand Rounds, Fridays, 8:00-9:30 a.m., Queen's University Tower, Room 618.
6. Dept. of Surgery
  - A. Grand Rounds, First, Second, and Third Saturdays, 7:30-9:00 a.m., rotating hospitals.
  - B. Statistical M and M, last Saturday, 7:30-9:00 a.m., rotating hospitals.

- C. Journal Club, First and Third Tuesdays, 6:00-8:00 p.m., Queen's University Tower, Room 620.
- D. Medical-Surgical GI Rounds, Third Friday, 12:45-1:45 p.m., Kuakini Medical Center, PB4 Classroom.
- E. Pediatric Surgical Grand Rounds, First Friday, 12:45-1:45 p.m., Kapiolani-Children's Medical Center, Conf. Rm. 5.
- F. Basic Science Lecture, Wednesdays, 7:15-8:15 a.m., Queen's University Tower, Room 618.

##### \* 7. Dept. of Family Practice

- A. Conference, Fourth Wednesday, 1:00-2:00 p.m., Kapiolani-Children's Medical Center, Second Floor Auditorium, Executive Dining Room.
8. HI Oncology Group, one Monday a month, 12:30-1:30 p.m., The Cancer Center, 1236 Lauhala St., 4th Floor Conference Room.

##### Hawaii Thoracic Society

1. Pulmonary Med., Clinical case presentations & current research in pul. med. with U. of H. Sinclair Chest Club, Third or Fourth Wednesdays, each month, 7:30 a.m.-9:30 p.m. For further info contact: Rosemary Respicio, B.S.N., at (808) 537-5966.

##### Hickam Clinic

1. Clinical Correlation Conference, First Thursday, 11:00 a.m.
2. Didactic—our staff, Second Thursday, 11:00 a.m.
3. Didactic Visiting Lecturer, Third Thursday, 11:00 a.m.
4. Radiology Conference, Fourth Thursday, 11:00 a.m. (Contact Aurora Macapinlac, M.D., M.C., 449-5770)

##### Hilo Hospital

1. Orthopedic Conference, First Tuesday, 12:30-1:30 p.m.
2. NCME (ETV), Thursdays, 12:30-1:30 p.m., Saturdays, 7:00-8:00 a.m. (repeat); not held on long (holiday) weekends.
3. Radiology Case Presentations, Second Wednesday, 12:30-1:30 p.m.
4. Clinical Pharmacology, Third Friday, 12:30-1:30 p.m.
5. C.P.C., Second Friday, 12:30-1:30 p.m.
6. Visiting Professor's Program

##### Kaiser Hospital

1. Medicine Grand Rounds, Every Tuesday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  2. Tumor Board, Every Tuesday, 12:00 noon. Pac. Aud. 1 hr. Cat. 1.
  3. OB/Ped. Perinatal Mortality Conference, Last Tuesday, each month, 8:00 a.m. 1 hr. Cat. 1.
  4. Surg. Grand Rounds, Every Friday, 8:00 a.m. Pac. Aud. 1 hr. Cat. 1.
  5. Saturday Morning Educational Conference, Every Saturday, 7:30 a.m. Pac. Aud. 1 hr. Cat. 1.
- (Contact CME Dept.-Kaiser for further information)
6. OB-Path Conference, first Monday of each month, 8:00 a.m., 1 hr.

##### Kapiolani-Children's Medical Center

1. Pediatric Grand Rounds, Every Thursday, 8:00-9:00 a.m., Aud.
  2. Pediatric Conference, Mondays, 12:45-1:45 p.m., 2nd Floor Aud.
  3. Neonatal Grand Rounds, Friday, 8:00-9:00 a.m., Conference Room B.
  4. Pediatric Infectious Disease Conference, Thursdays, 12:30-1:30 p.m., 3rd Floor Conf. Rm.
  5. Ob-Gyn Conference, Tuesday, 1:00-2:00 p.m., Aud.
- First—Didactic Presentation  
Second—Perinatal-Neonatal Topics  
Third—Obstetrics Topics  
Fourth—Gyn Topics
6. Tumor Board, Oncology Conference, First and Third Friday, 1:00-2:00 p.m., Aud.

##### Kuakini Medical Center

1. Department of Ophthalmology Mtg., First Tuesday, 12:30-1:30 p.m.
2. Department of Medicine Mtg. (Statistical), Fourth Tuesday, 1:00-2:00 p.m.
3. G.I. Conference, First Tuesday, 8:00-9:00 a.m.
4. Nephrology Conference, First Wednesday, 8:00-9:00 a.m.
5. Oncology Conference, Every Thursday, 7:30-8:30 a.m.
6. Pulmonary Conference, First Thursday, 1:00-2:00 p.m.
7. Surgical Conference, First & Second Friday, 12:45-1:45 p.m.
8. Surgical M&M Conference, Fourth Friday, 12:45-1:45 p.m.
9. Department of Medicine Evening Mtg., Second Tuesday, 5:30-7:00 p.m.
10. Visiting Professor Program (for further info contact CME Dept. 547-9226 as these programs may be subject to change).

##### Maui Memorial Hospital

1. Thursday Conference, 7:00-8:00 a.m., Staff Dining Room.
- First—Dept. of Medicine  
Second—Dept. of Surgery  
Third—Dept. of OB/GYN  
Fourth—Dept. of Pediatrics  
Fifth—Elective

2. Tumor Board, Every Monday, 12:15-1:15 p.m.—Tumor Conference Telephone Task Force—Third Tuesday, 12:15-1:15 p.m.
3. Dept. of Emergency Medicine, Third Monday, 7:00-8:00 a.m.
4. Diagnostic Radiology, Fourth Tuesday, 12:00-1:00 p.m.

#### Hawaii Ophthalmological Society

1. Monthly dinner meeting, Third Thursday of each month. Contact: Dr. A. Kunimoto, (808) 941-2208.

#### The Queen's Medical Center

1. ENT Conferences, First and Second Fridays, 7:30 a.m., Small Dining Room.
2. Medical Conferences, Every Friday, 8:00 a.m., Kam Auditorium.
3. Ob/Gyn Conferences, Second and Fourth Mondays, 1:00 p.m., Kam Auditorium.
4. Ophthalmology Conference, Fourth Tuesday, 5:00 p.m., Queen Emma Eye Clinic.
5. Orthopedic Conferences, Every Wednesday, 7:00 a.m., Kam Auditorium.
6. Pathology Conferences, Every Wednesday, 7:30 a.m., Surgical Conference Room.
7. Pediatric Grand Rounds, Fourth Thursday, 12:30 p.m., Nalani I Conference Room.
8. Surgical Trauma Conference, Second Tuesday, 4:30 p.m., Kam Auditorium.
9. Basic Science Lectures, Every Wednesday, 7:15 a.m., Queen's University Tower, Room 618.

#### St. Francis Hospital

1. SFH-UH Tumor Conference, Every Monday, 7:30 a.m., Sullivan-4 Classroom.
2. SFH-UH Nephrology Conference, First Monday, 1:00 p.m., Sullivan-4 Classroom.
3. SFH-UH Endocrine Conference, Last Monday, 12:30 p.m., Sullivan-4 Classroom.
4. EENT Meeting, First Tuesday, 7:00 a.m., Sullivan-4 Classroom.
5. SFH-UH Hematology Conference, Third Thursday, 12:30 p.m., Sullivan-4 Classroom.
6. SFH-UH Surgical Grand Rounds, First, Second & Third Fridays, 7:30 a.m., Sullivan-4 Classroom.
7. Visiting Professor Programs (for further info call CME office at St. Francis).

#### Straub Clinic & Hospital

1. Straub Professional Seminar meets the Second Tuesday of each month from 5:00-6:30 p.m. in the Credit Union Meeting Room (2nd Floor, Credit Union Bldg.)
2. Surgical Mortality and Morbidity Conference meets every Fourth Thursday of each month, from 7:00-8:00 a.m. in the Doctors' Dining Room.
3. Cardiac Surgery Conference meets the Third Tuesday of each month from 4:30-5:30 p.m. in the Doctors' Dining Room.
4. Department of Anesthesiology meets the Second Tuesday of each month from 7:00-8:00 p.m. in the Doctors' Dining Room.
5. Community Peripheral Vascular Conference meets the Fourth Thursday of each month from 5:00-6:30 p.m. in the Doctors' Dining Room.
6. Visiting Professor Program meets monthly from 7:00-8:00 a.m. in the Doctors' Dining Room.
7. Urology Inservice meets every other month on the Third Friday from 8:00-9:00 a.m. in the Doctors' Dining Room.
8. Neuropathology Clinical Correlation Conference meets the Third Thursday of each month from 7:30-8:30 a.m. in the Straub Morgue.
9. OB-GYN Pathology meets every Fourth Monday of each month from 12:30-1:30 p.m. in the Administration Conference Room (ACR).
10. Urologic Pathology meets every First Monday of each month from 8:00-9:00 a.m. in the Doctors' Dining Room.
11. Friday Noon Conference meets Every Friday of each month from 12:30-1:30 p.m. in the Doctors' Dining Room.

\*Note: All conferences are subject to change. Monthly calendar will be available upon request.

#### Wahiawa General Hospital

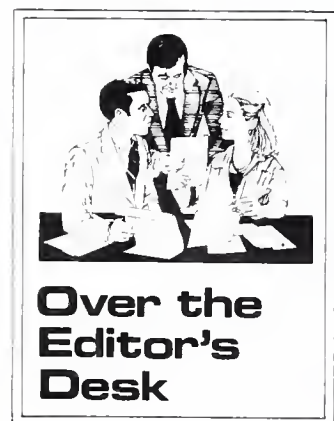
1. Noon Seminars, Every Tuesday

#### Wilcox Hospital (Lihue)

1. General Medical Staff Meeting, Quarterly in January, April, July & October.
2. Clinical Review Meeting, Alternate Mondays at noon.
3. Tumor Conference, First Thursday.

#### Miscellaneous

HMA Maternal and Perinatal Mortality Study Committee, First Monday each month - 5:30 p.m. 320 Ward Ave., S 200. Cat. 1 on hr. for hr. basis.



Harry L. Arnold Jr., M.D.

*acute mercury poisoning (JAMA October 23, 1981).*

\* \* \*

Gordon Brown, M.D., warns that the Pritikin diet/exercise regimen is no more effective than the American Heart Association one, and may be hazardous for women of childbearing age, pregnant or otherwise (JAMA, October 23, 1981).

\* \* \*

*The Oklahoma American Red Cross is promoting half-pint blood donations for donors who weigh between 96 and 109 pounds: half pints for half-pints.*

\* \* \*

David L. Yeung, Ph.D., et al., write in the November issue of the *Journal of the American Dietetic Association* that obesity in infants is not promoted by early introduction of solid foods, and that fat infants needn't stay fat.

\* \* \*

*Into ultrasound? Write to E for M/Honeywell, Box [P.O. Box; is there some other kind?] 5227, Denver, Colo. 80217, for their new brochure. They say they have the only integrated digital echocardiography system with FFT Doppler, 2D Real Time, and M-mode. Wow!*

\* \* \*

Ribavirin (Virazole, Viratek, Inc.) for treatment of influenza was introduced November 6 by Viratek, Inc., Covina, Calif.

\* \* \*

*PSROs are not "agencies of the Federal Government," it has been decided by the*

*U.S. Court of Appeals for the District of Columbia, in a case to decide whether PSROs are subject to the Freedom of Information Act. They're not.*

\* \* \*

An instruction book for guidance of hospital trustees, "Hospital Trustee Development Program," Vol. 2, is available for \$13 for members and \$16.25 for non-members through the American Hospital Association, Box 96003, Chicago, Ill. 60693. Ask for Catalog No. 196114 — or 196113 for Volume 1, \$11 or \$13.75.

\* \* \*

*The St. Paul Property and Liability Insurance Co. offers a portfolio of risk management tools for hospitals. One, the Occurrence Screening System, is designed to identify occurrences in patient care which have an above average potential for malpractice liability. Over 150 hospitals now use it. Suzi Hagen, at (612) 221-8022, will tell you all about it.*

\* \* \*

Hospital care may be getting more expensive faster — as it gets better. Hewlett-Packard announces a new bedside computer-coordinated patient monitor system for intensive care units which integrates 8 different kinds of data, including lab results, staff notes, and drug-infusion calculations, and displays either them or the results of their integration on a bedside display screen. It costs \$225,000, without the extra options. Call the local office.

The mills of the gods are not the only things that grind slowly. After all these years of CME, the agency supposed to confer upon the institutions and organizations granting CME credits the right to do so — the Accreditation Council for Continuing Medical Education, under the chairmanship of Richard S. Wilbur, M.D. — has just issued (and secured approval of all 7 sponsoring organizations for) its Essentials for Accreditation of Sponsors of Continuing Medical Education; but it won't be effective until the handbook accompanying it is approved by all the sponsors, including the AMA House of Delegates. One can only hope it will be achieved before the whole CME program passes into limbo.

\* \* \*

*Kitchen gold refineries have caused 6 persons in Colorado to be hospitalized with*



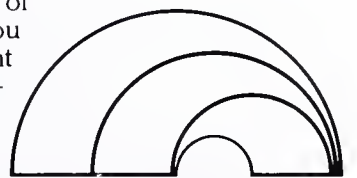


# FIRST HAWAIIAN LEASING IS HERE.

First Hawaiian Leasing provided the new spectacular Sheraton Royal Waikoloa with a variety of its equipment needs. Ranging from a new computerized reservation system to trash compactors to golf carts to ice machines.

If your business has equipment needs, you should know the new tax laws have made lease financing even more attractive.

First Hawaiian Leasing is here with an entire staff of professionals to assist you with your next equipment acquisition. Give the manager, Don Horner, a call for a comprehensive leasing proposal at 525-7035.



## FIRST HAWAIIAN LEASING

*A financial services company of  
First Hawaiian, Inc.*



# Hawaii's Home Care Specialists



## AABAGAIL Medical Customer Service Pledge

Aabagail Medical is dedicated to providing the finest possible service to our customers. This is our company's most important business principle.

At Aabagail Medical, CUSTOMER SERVICE means:

- Courteous, helpful employees who are knowledgeable about our products and have empathy for our customers' disabilities.
- Recommending the proper equipment for each customer's individual needs.
- Carrying a complete line of the highest quality and most technically advanced equipment available. We will stock inventory in depth and will have equipment on display and available for demonstration whenever economically feasible.
- Prompt, reliable delivery of the equipment by the date promised. We will also offer an in-home installation service for most of the products we sell.
- Prices that give our customers excellent value while compensating us fairly for the services provided.
- Offering a skilled, high quality repair service for the equipment we rent and sell. The repairs will be performed promptly based on free written estimates. We will also make every effort to have substitute equipment available at moderate cost.
- Billing Medicare/Medicaid and insurance companies on behalf of our customers. It is our policy to accept assignments on claims whenever the patient is eligible and we can be assured of reimbursement.
- Free evaluation of the patient's home environment to facilitate mobility and the activities of daily living.
- Providing informative literature on medical products, Medicare reimbursement plans and patient care in the home.
- Making our facilities available and encouraging our employees to become personally involved in supporting non-profit organizations in the health care field. We will give special support to wheelchair sports activities.
- Sponsoring educational seminars and in-service training for health care professionals.
- 24 hour stand-by service for our oxygen customers.
- Maximum effort by our entire organization to ensure that our customers are satisfied.



**Phone 537-2922**

**660 Queen Street • Honolulu, Hawaii 96813**



NOVEMBER 1982  
VOL. 41, NO. 11


# Hawaii Medical Journal

TABLE OF CONTENTS  
SEE PAGE 454

U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143

LIBRARY  
U.C. SAN FRANCISCO

JAN 3 1983

A black and white portrait of a middle-aged man with glasses, wearing a suit and tie, smiling slightly. He is the central figure of the cover.

FESTSCHRIFT  
Harry L. Arnold Jr., M.D.  
Editor—41 Years

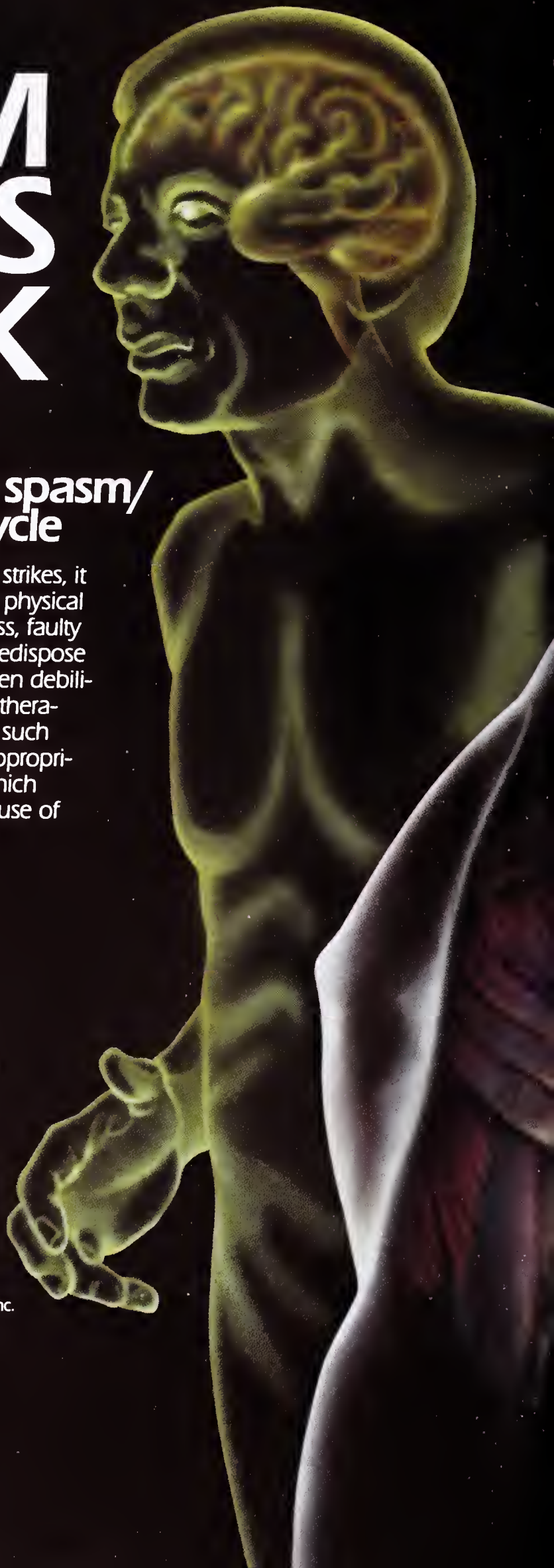


# SPASM STRIKES BACK

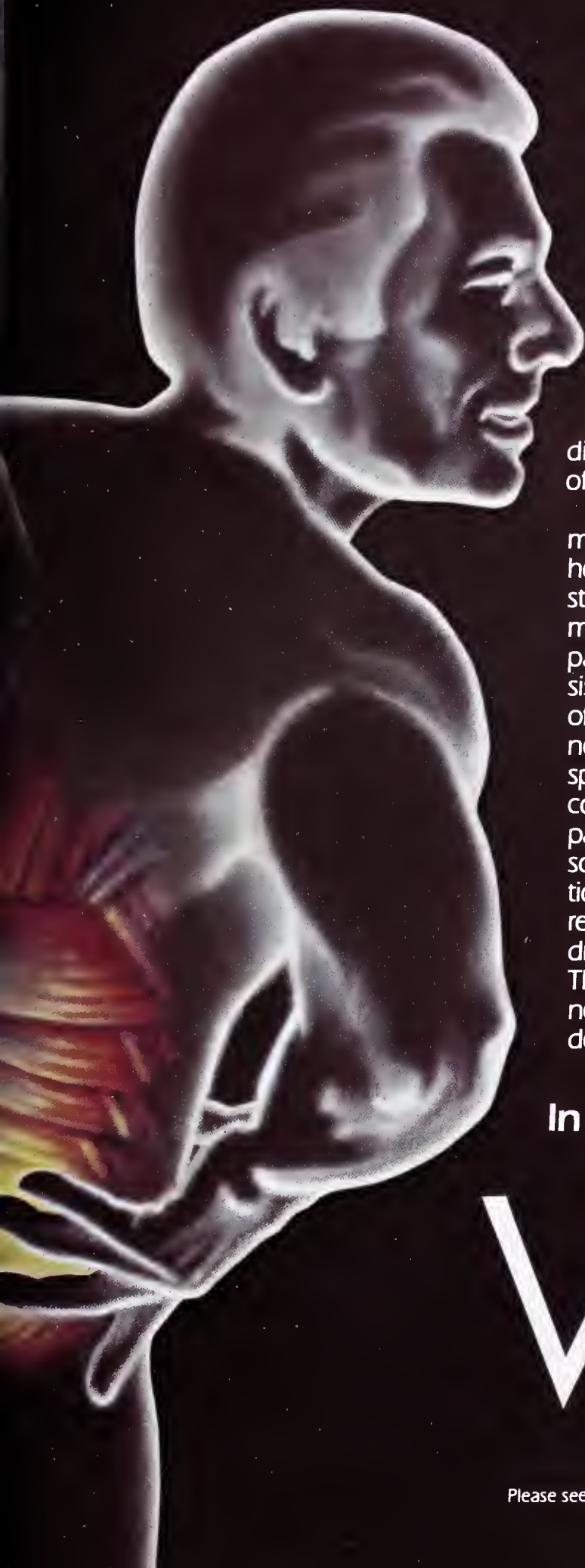
## Renewing the spasm/ pain/spasm cycle

Once skeletal muscle spasm strikes, it may recur—usually because physical factors (e.g., muscle weakness, faulty posture, obesity) exist that predispose the patient to this painful, even debilitating problem.<sup>1,2</sup> The key to therapeutic relief lies in correcting such factors and applying other appropriate therapeutic measures, which often include the adjunctive use of Valium® (diazepam/Roche).<sup>1</sup>

Copyright © 1982 by Roche Products Inc.  
All rights reserved.







In some patients with skeletal muscle spasm who also experience excessive anxiety, Valium (diazepam/Roche) offers a distinct dual advantage since it is indicated for the management of anxiety disorders and also adjunctively for the relief of muscle spasm due to local pathology.

In addition to helping to relieve skeletal muscle spasm due to local pathology (e.g., herniated lumbosacral discs or acute muscle strain), adjunctive Valium is indicated in major musculoskeletal diseases: cerebral palsy, upper motor neuron disorders, athetosis and stiff-man syndrome—a wider range of uses than for cyclobenzaprine, which has not been found effective in the treatment of spasticity associated with cerebral or spinal cord disease or in children with cerebral palsy. Since drowsiness, fatigue and ataxia sometimes occur, patients should be cautioned against engaging in occupations requiring complete mental alertness, such as driving or operating hazardous machinery. They should also be advised against simultaneous ingestion of alcohol and other CNS-depressant agents or drugs during therapy.

**In skeletal muscle spasm due to  
local pathology.**

Adjunctive  
**VALIUM<sup>®</sup>**  
diazepam/Roche  
2-mg, 5-mg, 10-mg scored tablets

Please see references and summary of product information on following page.

# Adjunctive **VALIUM**<sup>®</sup> diazepam/Roche

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome; convulsive disorders (not as sole therapy).

The effectiveness of Valium in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect. Adults: Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed, adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d., adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. Geriatric or debilitated patients: 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) Children: 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**How Supplied:** For oral administration, Valium scored tablets—2 mg, white, 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500,\* Prescription Paks of 50, available in trays of 10.\* Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25,† and in boxes containing 10 strips of 10.†

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110



ROCHE PRODUCTS INC.  
Manati, Puerto Rico 00701

**References:** 1. Rankin EA. *Contin Educ* 3(1):46-50, Jan 1975  
2. When muscle spasm hobbles your patient. *Patient Care* 8(1):20-37, Jun 1, 1974.

# HAWAII MEDICAL JOURNAL

(USPS 237-640)

Published Monthly for the  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

Editor, HARRY L. ARNOLD, JR., M.D.  
News Editor, HENRY N. YOKOYAMA, M.D.  
Managing Editor, DORIS R. JASINSKI, M.D., M.P.H.  
Assistant Editor and Book Review Editor,  
DOUGLAS G. MASSEY, M.D.  
Contributing Editors, JOHN M. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
CHARLES S. JUDD, JR., M.D.,  
J.I. FREDERICK REPPUN, M.D.  
Editorial Assistants: JENNIE ASATO, BECKY KENDRO

Editorial Board: NORMAN GOLDSTEIN, M.D.,  
RALPH W. HALE, M.D., THOMAS C. HALL, M.D.,  
ROBERT T. S. JIM, M.D., JAMES LUMENG, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.,

Publications Committee: CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
HENRY N. YOKOYAMA, M.D.  
(Chairman)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
HENRY N. YOKOYAMA, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

President, CALVIN C.M. KAM, M.D.  
President-Elect, SAKAE UEHARA, M.D.  
Past President, ANN B. CATTS, M.D.  
Secretary, RUSSELL T. STODD, M.D.  
Treasurer, WILLIAM H. HINDLE, M.D.

County Presidents  
Hawaii, ROBERT D. IRVINE, M.D.  
Honolulu, THOMAS G. CAHILL, M.D.  
Kauai, JOHN W. NEWMAN, M.D.  
Maui, MICHAEL R. SAVONA, M.D.  
West Hawaii, KENNETH GRANT, M.D.

Delegate to AMA,  
HERBERT Y.H. CHINN, M.D.  
Alternate Delegate to AMA,  
WILLIAM E. IACONETTI, M.D.

Advertising Representatives  
National  
UNITED MEDIA ASSOCIATES, INC.  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
CROSSROADS PRESS, INC.  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc., for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.



# FESTSCHRIFT

## to honor Harry L. Arnold Jr.

### Encomia & Remembrances

### from some of his friends . . .

It is indeed a privilege to be allowed to contribute to the special issue of the HAWAII MEDICAL JOURNAL honoring Harry L. Arnold. It is also most presumptuous of me to write a testimonial to a man who has and continues to accomplish so much. I am sure that it was clear to all who knew him when he graduated *cum laude* from the University of Michigan in 1935 that he would be a leader in whatever field he chose. And lead he has, with great ability and foresight. Naturally, he has become president of all available organizations, and rightfully so.

I have had the opportunity of knowing Harry because of my good fortune to have joined the dermatology profession. By the time I joined in 1953, he already had served a 3-year term on the Board of Directors of our primary organization, the American Academy of Dermatology. Subsequently, he was elected to this prestigious board on 2 further occasions, 1962-1965 and 1973-1976.

In 1975, he was chosen as president of our academy. He was a member of the American Board of Dermatology between 1966 and 1975, and of course was president in 1973. He was also president of the American Dermatological Association, 1970-1971, and of the Pacific Dermatologic Association in 1968.

I realize that I have not touched on his many other honors and contributions. However, the ones noted have had the greatest impact on dermatology as I know it. This impact has been immense.

He has been a most important leader of our specialty for more than three decades, during which his ability, wise counsel, and courage have contributed greatly to the shape and scope of dermatology today.

I would be remiss if I did not note 2 of Harry's other most important attributes. One relates to his literary and editorial prowess. This is an aspect of his skill with which I am sure all readers of this JOURNAL are familiar, since he has been editor of the HAWAII MEDICAL JOURNAL for 41 years.

He is also co-editor of the *Schoch Letter*, a most informative report for clinicians, and is on the editorial board of a number of other journals.

My most informative and intimate experience in this area relates to my opportunity of serving with him in editing the *Archives of Dermatology*. As usual, Harry's command of the English language, as well as his impeccable sense of worthwhile have helped to guide the JOURNAL for many years. (I only fear what he will say about my syntax and other general English blunders in this note!)

I have saved the best for last. As I said before, in my aspect of medicine, Harry has accomplished all things to the betterment of our specialty. However, there is something sort of special that I would like to say about Harry L. Arnold and his wonderful wife, Jeanne. They have been the most kind and good friends that one could have. So, in closing I would like to add my small but heartfelt thanks to them both for not only Harry's accomplishments but for their warmth and support.

We all wish them both 40 more productive years.

John H. Epstein, M.D.

President

American Academy of Dermatology

\* \* \*

Having known Harry for most of these 40 years, it is my belief that he should be considered one of the best and most prolific dermatological editorial writers of all time.

His numerous writings in many journals and his books have been outstanding. As a clinician he has few peers, and his sage advice has been freely and willingly given to other dermatologists to enhance the knowledge of all.

There is no doubt that Harry is the best editor of the HAWAII MEDICAL JOURNAL in the past 40 years!

Harry—Mahalo and Aloha.

Joe Hathaway

Dermatologist, Honolulu

P.S. Harry, when you edit this—go easy, please.

\* \* \*

Harry L. Arnold Jr. has carved a comfortable niche in the scientific hall of honor. His name is known in general medical circles, as well as dermatologic. Serving in both organizational and academic capacities, his devotion to the A.M.A. and to local, regional and national dermatologic societies is well known. He has been president of most of them! I need not say more about that.

On a more personal basis, Harry always has been an inspiration to me. Three of his notable attributes stand out, augment one another, and constantly renew the stimulating pleasure to spend time with Harry.

The first is an unfailing sense of humor. The second is a voracious literary appetite which drives Harry to read constantly and on all subjects. The third is a remarkably retentive memory. When called upon, Harry can reach for journals and textbooks stored in his brain since his medical school days. Whenever second or third generation therapeutic approaches are presented as "new," Harry will zero in on the original report of 30 years ago, usually quoting the author. He can do the same with old college songs. Most of us can mumble through the choruses, missing a few words but keeping the rhythm. Harry not only knows the chorus word-for-word, but also the verse or multiple verses by the 10s and 20s. To hear Harry run through all the verses of "*Gaudeamus igitur*" in Latin is an astonishing pleasure.

Harry's appetite for reading adds a big plus to the delightful times whenever we are together. He can come up with new titles which never fail to please and entertain. They cover the gamut from science, dermatology, biography, through mystery and humor. Over the years he has established a modest collection of his favorite books. To protect the collection from the usual dangers, Harry used a bookplate of his great grandfather's, the last lines of which state:

"Read slowly, pause frequently, think seriously, keep cleanly, return duly, with the corners of the leaves not turned down!"

John M. Shaw, M.D.

Tacoma, Wash.

Clinical Professor, Department of Dermatology,  
University of Oregon

Clinical Professor, Division of Dermatology,  
Department of Medicine

University of Washington

Past President,

American Academy of Dermatology

\* \* \*

Congratulations to you, Harry! Having a special issue of the HAWAII MEDICAL JOURNAL devoted to you is a well deserved honor. Unfortunately, we do not always receive what we deserve. You must be fantastically pleased that your colleagues have honored you in this manner. It is an accolade to remember always. This issue indicates that your peers not only respect you but, more important, they like you.

During the past 7 years, Harry and I have been closely associated as editor and co-editor of the *Schoch Letter*. Dr. Arnold is an excellent editor, having the knowledge, interest and expertise to produce that publication on a monthly basis. Under his leadership, the number of actual readers has increased dramatically and deservedly.

On the other hand, Harry is a perfectionist, and this is difficult to live with. He insists that my material be typed perfectly, with all punctuation marks inserted in the proper position. It is important to him that the spacing be perfect. Personally, I am happy if the copy is legible. Harry listens to suggestions with an attentive open mind. However, it is astounding how often disagreements are settled on his terms. I have never been able to understand this.

Harry, my experiences on the *Schoch Letter* have been pleasant and interesting. I thank you for the opportunity of working with you. I have learned a great deal . . . believe it or not!

Ervin Epstein, M.D.

Associate Clinical Professor of Dermatology,  
University of California Medical School  
San Francisco

\* \* \*

I first met Harry Arnold in 1959 after having been introduced by a mutual friend, Dr. Rees B. (Gus) Rees. Over the years I have found Harry to be a considerate, thoughtful man with great integrity and keen intellect. He has good insights, an orderly mind, and a wry sense of humor. His contributions to medicine are legion: a leader of a number of dermatologic and general medical organizations, an accomplished author and teacher, and congenial friend. His confreres, of all ages, are proud to count him as a friend.

Milton Orkin, M.D.

Clinical Professor  
Department of Dermatology  
University of Minnesota

\* \* \*

I am delighted that you are honoring Harry Arnold. I want to say that Harry Arnold has been a superb example of a scholarly clinician and has spawned a generation of young people who have admired his dignity, discipline, and capacity for detail in anything he approaches. I first knew Harry when I came to Hawaii in the early 1950s. We were trying to evaluate the use of psoralens as an agent to increase pigmentation in order to provide protection for Skin Type II and III individuals who do not have the capacity to tan as well as Skin Type IV individuals. He participated in some of the early trials and with his usual vigor and enthusiasm was a helpful collaborator.

At every meeting he has a sound criticism, a humorous anecdote, or a "clinical pearl" gleaned from his vast experience as a clinician for many years. He serves as a marvelous example, and as Albert Schweitzer said, "Example isn't the main thing—it is the only thing!"

Thomas B. Fitzpatrick, M.D., Ph.D.  
Chief, Dermatology Service,  
Massachusetts General Hospital  
Wigglesworth Professor & Chairman,  
Harvard Medical School  
Department of Dermatology

\* \* \*

To ask me to write of Dr. Arnold is as asking me to write of a beloved brother. I first came to know him in 1945 or so. He used to visit my professor, with whom I practiced; then, after Dr. Miller's death in 1947, he used to visit me. We rapidly became good friends. Harry has always been wonderful company; he is a marvelous conversationalist, and has such a wide variety of interests: dermatology above all, I think (after his family), but also travel, languages, gourmet dining and drinking, medical administration, editing, science, science fiction, and so on, ad infinitum. When I first started corresponding with him, he would edit my letters and send them back to me—a free, invaluable education!

Through the years, despite the many travails, Harry has always maintained an upbeat attitude, which I have envied.

He has always been greatly respected by his colleagues. His contributions to the medical literature, his service to national dermatologic and regional and local organizations, his service on the American Board of Dermatology, his long-time editorship of the HAWAII MEDICAL JOURNAL, the Straub Clinic Bulletin, and his service on numerous editorial boards, including that of the AMA, the *Archives of Dermatology*, *Cutis*, and others, in addition to his service as president of his local medical society and of the Hawaii Medical Association, have been a few of his activities. He has been heavily involved in concern for the public weal, having championed the idea of fluoridation of Hawaii's water supply, and having served Hawaii as delegate to the American Medical Association and as delegate to the AMA for Dermatology.

He is an honorary member of many foreign dermatologic societies, and is a leprologist of international renown, having been the senior author of two editions of his book on that subject. He and Richard Odom have completely rewritten Andrews' *Diseases of the Skin* textbook of dermatology along with the now deceased Anthony Domonkos. This is the best dermatologic text, in this writer's opinion.

But I am not sufficiently emphasizing Harry's marvelous traits, which I am well qualified to do. It is a sheer delight to vacation with Harry and his wife, Jeanne. With seeming lack of effort, he makes the time fly by in conversations on practically any subject, such as the physics of optics, during which time he may take brief breaks to bake bread, prepare a gourmet meal, write some article (medical or otherwise), play backgammon, go horseback riding, or speed read a textbook!

One day, when Jeanne and my wife and I were looking for sea shells, Harry read through a new medium-sized dermatologic text I had been laboring over for two weeks. When we returned, I found the margins annotated throughout the book, and asked Harry why he did that. He said he was sorry; he thought it was his copy which was lying there on the table.

To talk of Harry without reference to his mother and father would be a serious omission. Harry's father, at a relatively advanced age when I first knew him, was a sage internist with an inexhaustible fund of true stories about his life in medicine. He was a skilled horticulturist and craftsman. I have tried to persuade Harry to write a book about his father, but I think he just prefers to remember all those wonderful things, in camera. Harry's mother, Meda, was a cheerful, warm-hearted person.

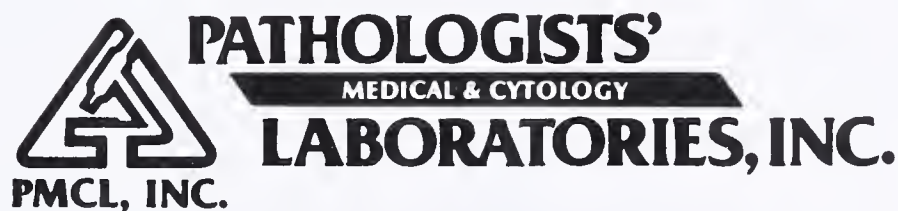
Aside from wishing that Harry would edit this brief dissertation, I will close by reminiscing about the time Harry, as a teenager, asked his father to buy him a motorcycle. The reply was, "Harry, when I stop loving you as much as I do, I'll get you a motorcycle." And I say, "Harry, when I stop loving you as much as I do, I'll get you a motorcycle."

Rees B. Rees  
Clinical Professor Emeritus  
University of California

\* \* \*



Our appreciation and  
admiration to  
**Harry L. Arnold, Jr., M.D.**  
*—a man who has no peer,  
for his many years  
of untiring service  
to the medical profession.*



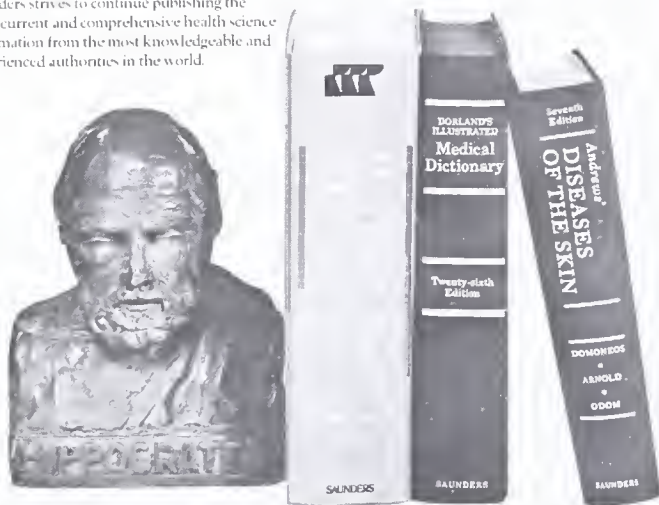
Paul Y. Tamura, M.D., F.C.A.P.  
and  
Arturo F. Salcedo, M.D., F.C.A.P.

## W.B. Saunders is proud to honor Dr. Arnold

W.B. Saunders, the largest medical book publisher in the world, has provided the highest quality medical information for almost 100 years. Thousands of volumes have been published by Saunders, providing outstanding contributions to the literature in medicine, nursing, veterinary medicine, dentistry, and allied health.

Continuing expert authorship remains the cornerstone of Saunders publications, with new titles published each year as textbooks, clinical references, dictionaries, monographs, periodicals, journals, slides and tapes.

Saunders strives to continue publishing the most current and comprehensive health science information from the most knowledgeable and experienced authorities in the world.



Only the highest standards of excellence...

# W.B. Saunders

1315 Locust Street, Philadelphia, PA 19105

## PERSON & COVEY INC.

616 ALLEN AVENUE  
GLENDALE, CALIF. 91201

WE AT PERSON & COVEY, INC. ARE PLEASED TO JOIN WITH THE HAWAII MEDICAL ASSOCIATION AND THE HAWAII MEDICAL JOURNAL IN HONORING DR. HARRY ARNOLD.

THOSE OF US AT PERSON & COVEY WHO HAVE HAD THE PRIVILEGE OF KNOWING DR. ARNOLD HAVE ADMIRER HIS DEVOTION TO DERMATOLOGY AND HIS UNFAILING INTEREST IN MEDICAL WRITING AND THE WRITTEN WORD.

CONGRATULATIONS DR. ARNOLD (AR?) ON YOUR FORTY YEARS OF EDITING THE HAWAII MEDICAL JOURNAL.

LORNE & SUE PERSON  
ROD DAILEY—BILL HALL—DOUG INGLE

Kudos to our esteemed colleague, Dr. Harry L. Arnold Jr. During 1968 he admirably served our organization, the Pacific Dermatologic Association, as president. Like cream which rises to the top, Harry has become president of virtually every organization he joined.

The amazing attributes of Dr. Arnold include his prodigious literary output and editorial skills.

I assume that one could be easily overcome with torpor, living in the Island paradise of Hawaii. The climate that it enjoys is presumably not conducive to productive clinical and scientific efforts. Dr. Arnold's zest for hard work overcame this obstacle.

Harry has worn many hats in his professional life—each carried with finesse: clinician, author, editor, teacher, speaker, administrator, and parliamentarian. To me, however, he can be best described as a gentleman and a scholar. This is aptly expressed in his beloved Latin: *Litteratus Ingeniusque Es*

Gerald A. Gellin, M.D.

Past President,

Pacific Dermatologic Association

Associate Clinical Professor

Department of Dermatology

University of California, San Francisco

\* \* \*

In 1950, Arthur Schoch first published the *Schoch Letter* in Dallas. During the formative years, Arthur frequently consulted Harry, mostly about the precise meaning, usage, and derivation of words. The world authoritative *Oxford Dictionary* was generally used to arbitrate differences in opinion. Harry would also critique some of the personal gems, before they were published in the *Letter*. It was only natural then that Harry would inherit the editorship of the *Letter* after Arthur's death.

The spirit of the *Letter* has been preserved and continued under the auspices of Harry and Erv Epstein. The editorial tidbits interjected by these authors have been the *piece de resistance*. At business meetings of all major dermatological organizations, Harry has always been the stabilizer to make them conform to parliamentary procedure, to clarify proposals, and to help keep the meetings from straying off course. One might say he has been the "Howard Cosell" of dermatology.

Harry Arnold has left his mark on American dermatology along with the other great contributors. His contributions have originated from a keen mind with practical and compassionate concern for the specialty of dermatology—not from a sterile test tube. Computers have yet to replace the human brain, such as Harry's.

Eugene P. Schoch Jr., M.D.

Austin, Texas

\* \* \*

My high school English teacher gave our class a short mnemonic, said to contain all the "ei words" in the English language:

"Neither could either weird sheik, by trick or by sleight, seize the height, nor summon the leisure to make an obeisance."

When Harry saw this, he replied to me in May 1976:

"Dear Larry:

"Your little statement for a mnemonic for all the words with 'ei' not sounded as 'ay' has rattled around in my frontal lobes long enough so I can return it to you with some additions. It now reads as follows:

"'Neither could the weird, surfeited, counterfeit sheik either seize or forfeit the height, or summon the leisure to make an obeisance by the seismograph on the weir.'

"If anything could have made it make less sense, which seems unlikely, this would surely do it, but at least it contains 6 more appropriate words.

"Aloha, Harry"

(Harry, you left out sleight!) Many mahalos for all your literary contributions and corrections, and for your friendship.

Lawrence M. Nelson, M.D.

Past President,

Pacific Dermatologic Association

HAWAII MEDICAL JOURNAL



# The Other Side of Harry Arnold Jr., M.D.

Harold M. Johnson, M.D., Honolulu

I first met Harry Arnold during the spring of 1939. He was completing his residency in dermatology at the University of Michigan. Harry came to the University of Pennsylvania Hospital to visit the dermatology clinic and to meet me. I had interned at the Queen's Hospital in Honolulu. His father, Dr. Harry Arnold Sr., an internist at the Straub Clinic, had told Harry that I would also be returning to Honolulu after completing my residency.

It seems like yesterday when I introduced Harry to Dr. John H. Stokes, professor and chief of the department of dermatology at Pennsylvania, and a formidable and brilliant dermatologist and syphilologist. Harry's father and Dr. Stokes had been undergraduate classmates at the University of Michigan. Dr. Stokes grunted recognition, showing that he had got up on the wrong side of the bed—not an unusual occurrence. Harry and I had an exciting conversation about our new venture and travel to Hawaii. We were young and full of ambition and vigor.

In 1940, I arrived in Honolulu with a pregnant wife, a Birtcher electro-desiccating machine and with a mechanical rectified X-ray machine on the way. Several days later, Harry and I had lunch and discussed the problems of private practice. Harry was fortunate; he had a private clinic in which to start his practice. His father, one of the early members of the Straub Clinic, was head of the department of internal medicine, a brilliant man in many fields—a man I adored and admired.

Remember, this is 1940, the period when sulfa products, ammoniated mercury ointment, and X-ray therapy were in vogue. We did not have all the antibiotics, steroids, PUVA, electron beam and microscopy, and immunofluorescent studies of the present era. Clinical diagnosis was important. Harry and I missed the help and advantages of a teaching institution. The phone calls were frequent and the relay of patients from one to the other was considerable.

Harry had married while in medical school and had two children who were "live wires." Shortly after we arrived, our son was born. Harry and his 2 children came to our little house (I mean little house) to see our new child. His children had impetigo crusts on their chin and cheeks. I said to Harry, "My God! Your children have impetigo." He said "Don't worry, Harold, they are being treated."

His first marriage ended unfavorably. In 1943, Harry met and married the lovely Jeanne Prevost. The wedding, which we attended, was on the lawn of a private home, near Pearl Harbor. I have never heard the "Hawaiian Wedding Song" sung and played so beautifully. From this happy marriage, they have 3 children.

Harry Arnold was born in Owosso, Mich. His family came to Honolulu in 1919. Harry graduated from Punahou Private School at the age of 15. He received his A.B. degree *cum laude* at the University of Michigan in 1932, and an M.D. degree *cum laude* at the same university in 1935. His residency in dermatology was with Dr. Udo Wile. He received his M.S. degree 3 years later.

The list of professional societies affiliations are too numerous to mention. His honorary and fraternal organizations include Kappa Beta Phi, Zeta Psi, Friars Club, Nu Sigma Nu, Alpha Omega Alpha, Sigma Xi, Phi Kappa Phi, Galens Club. The list grows longer. Harry has been president of all Hawaiian medical societies, and most of the major dermatological societies of the continental U.S.A.—richly deserved honors—and his duties were brilliantly performed.

Harry Arnold has many attributes which make interesting anecdotes, but only a few will be mentioned. He has the ability to fall asleep at a meeting or a conference which becomes dull and uninteresting. I have often envied him his subtle narcolepsy. He can listen and be off in dreamland simultaneously.

Harry has never been interested in sports. He thinks the New York Mets is a subway. He plays chess and a decent game of

*Congratulations*

*to*

*Dr. Harry L. Arnold, Jr.*

*from the*

*Hawaii Medical Library*

*Paid by Friends of HML*

## The United States Air Force Medical Corps

is currently accepting applications  
for the following specialties:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
or drop by & visit Tony at the Federal  
Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.

**AIR**  
**FORCE**  
A great way of life.



bridge. But these games are for the bored and the restless. A number of years ago, Harry and I took a plane to Chicago and the academy meeting. I asked Harry to play a game of cribbage and he said, "I have never played cribbage—show me how." I explained the fundamentals of counting and playing. He "skunked" me the first game! By the time we arrived in Chicago, I had reason to believe he had in his family tree a relative who had *la main légère aux cartes*.

Forgetfulness is a part of his life. His wife can tell him to purchase a pound of butter, and he will return home with a paperback book but no butter. Several years ago the Arnolds and the Rees's arrived at the Phoenix airport in a rental car. Harry got out of the car, checked his bags, and waited for the next plane for Los Angeles. A call came over the loud speaker, "Dr. Harry Arnold, please come to the airport street area. Your rental car engine is still running." If this had happened in Chicago, the car would have been long gone!

Harry drives a car like a mad man possessed. His wife has worn out the floor boards plus being a nervous wreck when he arrives at his destination. Technically, he is a good driver, and, as far as I know, he has never been arrested for speeding.

Harry is a gourmet chef par excellence. He has the art of cooking brioche and many kinds of breads. His Eggs Benedict recipe tastes as if it had been cooked at the Four Seasons in New York. If he is waiting for some delicacy to cook or bake, Harry is busy reading labels of beans, soups, wine, etc. As they say, "a busy mind gathers no moss." Harry and his wife, Jeanne, belong to the prestigious Honolulu Wine and Food Society, in which a member is asked to bring a special dish to the dinner. Harry is always able to more than hold his own.

Humor is one of his qualities. He loves a good joke and he can tell one in such a descriptive manner that will have you rolling on the floor with laughter. He loves to sing, but not very well. He has a repertoire of ribald songs from his college days that are hilarious. The "Keyhole in the Door" is my favorite.

Harry Arnold loves people. He travels considerable distances

to attend medical meetings. He has a penchant of visiting dermatologic confreres and friends. The paradox is that they look him up, too. I would judge that he is about as well known internationally as he is nationally.

After 41 years as editor of the HAWAII MEDICAL JOURNAL, he has not quite turned over the pen to the younger generation. He has made a major contribution to medical communication through the state. The JOURNAL has had an excellent format and contains literary material to a high degree of perfection.

Kudos, Harry! Now you will have time to learn the art of golf!

Harold M. Johnson, M.D.

Honolulu

\* \* \*

## Harry L. Arnold Jr., M.D., F.A.C.P.

Harry Arnold is the personification of every virtue we deem essential and desirable in a colleague and a leader. As a student, resident, clinician, author, lecturer, and editor, he has displayed a brilliance seldom matched. In addition, his friendship is treasured by all who share it. Since we began our training together, in 1935, under Dr. Udo Wile at Ann Arbor, it has been my privilege to enjoy and cherish his friendship. To say that it has been a rare and gratifying experience is a great understatement.

Among his happy diversions is singing—not as a soloist but as the leader in a group at a beer party (when we were in training) and later around a piano at any meeting or social occasion. His repertoire of songs and limericks is phenomenal. He introduced me to dozens of earthy folk songs, with medical verses most explicit, while we were in Ann Arbor (1935-1939). In fact, we produced and published a volume of these, with one-line melodies, during our last year there. At one dollar per copy, this "limited edition" sold out so quickly that neither of us had a complete copy when we left Ann Arbor!

Harry used to astound his fellow residents and our mentor, Dr. Wile, with an occasional instant diagnosis of something most of us had not heard of. I believe he had memorized Ormsby's text before starting his internship! As an example, on grand rounds one day, a patient who had been admitted for some other reason, presented a bizarre scalp condition which, upon challenge by Dr. Wile, Harry readily identified as *Cutis verticis gyrata* (page 705, current edition of Andrews' *Diseases of the Skin*).

To the *Journal of the American Medical Association* (57:1, 1911) John B. Murphy wrote, "It is the purpose of every man's life to do something worthy of the recognition and appreciation of his fellow men. By their superior intellectual qualifications, their fidelity of purpose and above all their indefatigable labor, the few become leaders." Harry stands well established at the top of this list. His life has enriched ours immeasurably.

David Goe Welton, M.D.

Charlotte, North Carolina

### Physicians, Dentists and related Professionals

A new Medical and Professional Center  
will be built  
in the upcoming mixed use development at  
**The Honolulu Ironworks site**  
Ala Moana Boulevard & Punchbowl St.

Leasing will begin early in 1983.  
Project completion expected late 1985.

To register for information  
contact Penny Pagliaro (R)  
Stark Companies  
2255 Kuhio Ave., Suite 1205  
Honolulu, Hawaii 96815  
(808) 942-2025

**association** (e-sō'sē-ā'shen, -shē-) *n.*

1. The act of associating. 2. The state of being associated; fellowship; companionship. 3. A body of persons associated for some common purpose; society; league. Abbr. *ass.*, *assn.*, *assoc.*

## JOIN US

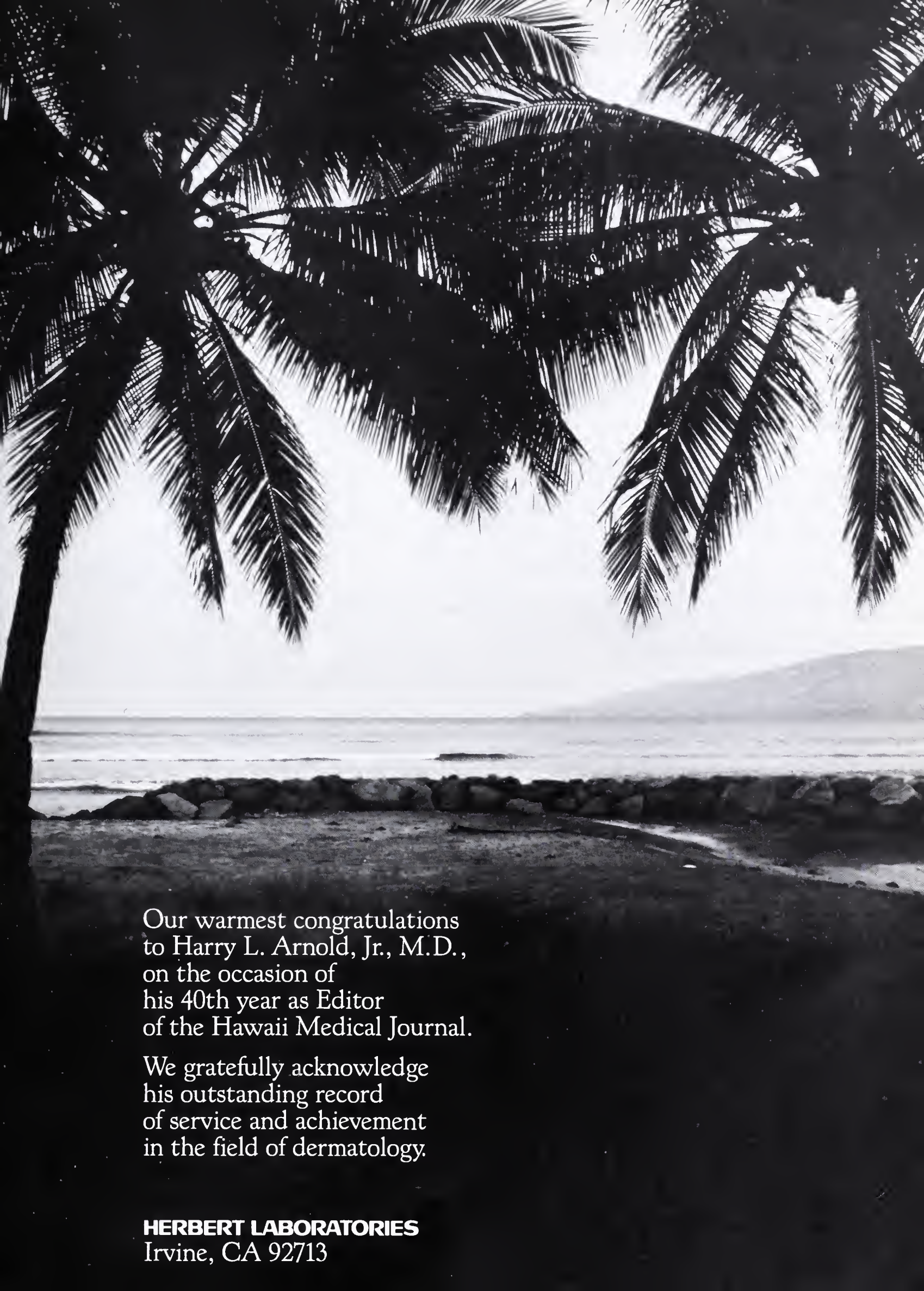
**We Can Do So Much More Together**



HAWAII MEDICAL ASSOCIATION

320 WARD AVENUE, HONOLULU, HAWAII 96814





Our warmest congratulations  
to Harry L. Arnold, Jr., M.D.,  
on the occasion of  
his 40th year as Editor  
of the Hawaii Medical Journal.

We gratefully acknowledge  
his outstanding record  
of service and achievement  
in the field of dermatology.

**HERBERT LABORATORIES**  
Irvine, CA 92713



# Lupus Erythematosus (Panniculitis) Profundus:

## A Classic Revisited Commentary and Report of 22 Cases

Denny L. Tuffanelli, M.D.,\* San Francisco

In 2 classic articles,<sup>1,2</sup> Dr. Harry Arnold Jr. defined the rare subcutaneous nodular form of lupus erythematosus (LE) that has been variously called lupus erythematosus profundus (Kaposi-Irgang) or lupus panniculitis. The articles are noteworthy for the scholarly research of historical background that Dr. Arnold provides. The approach is almost a lost art.

The first report, a historical review and report of a case, was published in 1948. In reverse chronological order, Dr. Arnold reviewed 22 references and the development of the then current concepts of lupus profundus. He pointed out that lupus erythematosus hypertrophicus et profundus described by Bechet<sup>3</sup> was a different process, and that both Crocker<sup>4</sup> 1893 and Duhring<sup>5</sup> 1877 gave credit to Kaposi for first description.

In Crocker's description, the lesions are correctly described as subcutaneous, deeply seated, doughy, painful, and tender nut-sized nodules, appearing while the skin over them was still normal. Duhring<sup>5</sup> stated that the lesions accompanied the discoid form of the disease, but added that he had never encountered the disease.

In his historical review Dr. Arnold presents the paragraph, in the second<sup>6</sup> and fifth<sup>7</sup> editions of Kaposi's textbook, which originally described subcutaneous nodules in LE. Dr. Arnold next reviewed Irgang's first presentation in 1940 in the American literature,<sup>8</sup> and went on to study, with a true scholar's approach, and interpret the numerous confusing and conflicting articles that had appeared between 1883 and 1948. In his article, Dr. Arnold reported a typical case of LE profundus.

The second paper by Dr. Arnold was read at the 75th Annual Meeting of the American Dermatological Association in 1955.<sup>2</sup> The historical approach was extended. In a tour de force of scholarship, Dr. Arnold reviewed 35 conflicting references, many in French and German. There emerges a beautiful, historical account of that disease, which we now can clearly define as lupus erythematosus profundus (panniculitis). He added 4 personal cases and accepted 10 cases previously reported as true examples of this entity. In discussing the presentation, Dr. George Andrews first used in the American literature the term "lupus erythe-

matusos and panniculitis" and "lupus erythematosus and lipodystrophy."

Following Dr. Arnold's comprehensive review, 3 classic articles by Jablonska et al.,<sup>9</sup> Fountain,<sup>10</sup> and Winkelmann<sup>11</sup> finally established the clinical and pathological features of lupus erythematosus (panniculitis) profundus. In 1971, Tuffanelli published clinical and immunological studies on 6 patients with lupus erythematosus panniculitis.<sup>12</sup> Numerous other articles followed and the entity is now well understood.

In this special issue of the HAWAII MEDICAL JOURNAL honoring Harry L. Arnold Jr., it seems appropriate to present data on 22 patients with lupus panniculitis, studied since 1965 (Table 1).

TABLE 1  
Clinical Data on 22 patients

Age of Onset	14-55 (mean 27)
Sex	20F 2M
Diagnosis	
Cutaneous (discoid) LE	13
Systemic LE	8
Subacute cutaneous LE	1
Cutaneous Lesions	
Panniculitis (nodules and/or lipodystrophy)	22
Discoid lesions	14
Ulcerations	5
SCLE	1
Skin over nodules normal	10

### Results

There were 20 women and 2 men, of whom 8 had lupus panniculitis with associated systemic lupus erythematosus, 13 had associated discoid lupus erythematosus, and 1 also had subacute cutaneous lupus.

All the patients had subcutaneous nodules (Table 2). The nodules were firm, sharply defined, and 1 to several centimeters in diameter. The skin over the nodules was normal in 10 patients. In 7 patients, lesions of discoid LE were present over some or all of the nodules. In 5 patients, the overlying skin was erythematous, inflammatory, atrophic, and ulcerated. In some patients, the nodules had remained unchanged for years. In 8 patients, the nodules had resolved, leaving depressed areas or areas of lipodystrophy.

In 7 patients, the lesions were localized to only one area (face 3, buttock 3, upper

arms 1). The facial lesions were associated with discoid LE and caused considerable cosmetic deformities.

The patients who had only buttock lesions had all been misdiagnosed repeatedly. All had presented with panniculitis of the buttock, and later developed systemic lupus. In all, large, non-healing ulcerations had been a major problem.

The remaining 15 patients had more than 1 area of involvement. The distribution is listed in Table 2. The upper arms

TABLE 2  
Subcutaneous Nodules

A. Areas Involved	
I. Single Area	6
a. face	3
b. buttock	3
c. upper arm	1
II. Multiple Areas	15
a. upper arms	14
b. face	5
c. buttock	5
d. chest	4
e. back	3
f. breast	3
g. thighs	2
B. Overlying Skin	
normal	10
discoid lupus	8
ulcerations	5

were most commonly affected. In 2 patients who developed a breast nodule in the course of their disease, mammography demonstrated the benign nature of the process. Trauma played a role in the onset of lesions in many of the patients.

The serological studies done on these patients are listed in Table 3. The ab-

TABLE 3  
Serological Studies in Lupus Panniculitis

	No. done	No. abnormal	%
ANA	22	16	73
Anti-DNA	16	5	31
ENA	7	0	0
Rheum factor	16	4	25
C3	15	3	27
CH50	12	4	33

normalities present related to the primary diagnosis (SLE or DLE). Systemic lupus has been reported in 40 to 60% of lupus panniculitis patients.<sup>11-14</sup> Of our 22 patients, 13 had systemic lupus erythematosus.

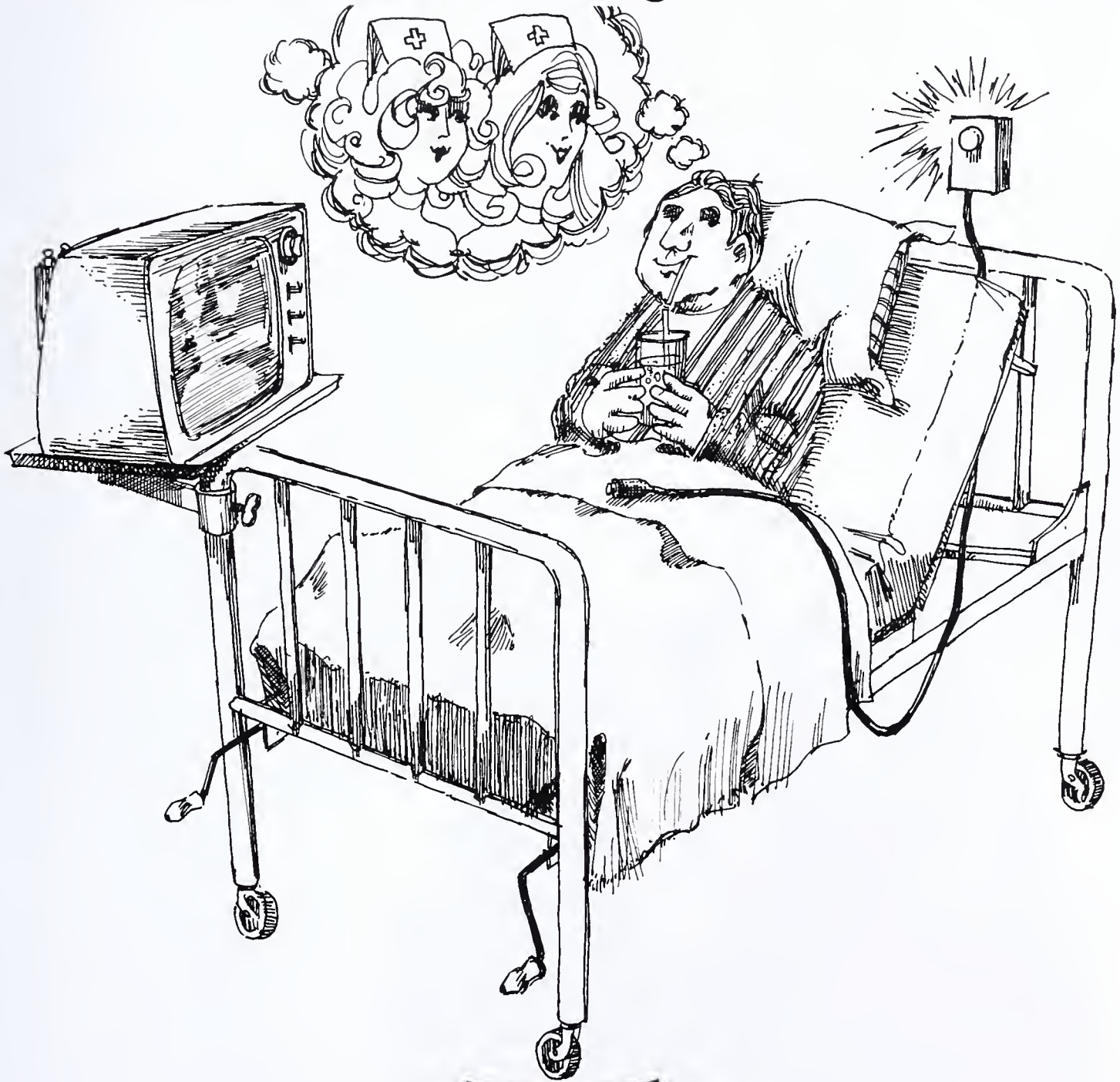
### Histology

There continues to be disagreement concerning the histopathology of lupus panniculitis. Some authors<sup>10, 11, 15</sup> feel the changes are specific and diagnostic. Others, that they are non-specific if only panniculitis is present. The major features include a lymphocytic vasculitis and panniculitis. Pathological material was obtained from 14 patients in this series, and changes were reported as specific in some, but not all, by various pathol-

\*Department of Dermatology, University of California



# Is hospital care still to his benefit now?



Spare him the discomfort of an extra bundle of hospital bills.

When it's time to discharge a patient, remind him that HMSA can still cover therapy and diagnostic work



on an out-patient basis.

It's less expensive, and another way doctors and HMSA can help the people of Hawaii hold down the cost of their medical care.

**HMSA Utilization Review Department Ph 944-2355**  
**Hawaii Medical Service Association**

**"We'll convert your delinquent  
receivables into cash with  
persistence, hard work and  
a little help from our computer."**

**JOE MANCINELLI**

President  
Medcah, Inc.

A collection service with affiliations  
throughout the Mainland, the Pacific Basin,  
Australia, Asia, Europe and Africa.



**M E D C A H I N C**

Honolulu office: 1188 Bishop Street, Suite 1002, Honolulu, Hawaii 96813, Telephone: 526-9545

Windward office: 22 Oneawa Street, Kailua, Hawaii 96734, Telephone: 262-2311

Cable: MEDCAH



ogists. Direct immunofluorescence results related to the primary diagnosis, i.e., SLE or DLE, involved or uninvolved skin.

### Therapy

Therapy often included antimalarials and low dosage prednisone. In most patients with active nodules, hydroxychloroquine (Plaquenil) 200 mg daily or chloroquine 250 mg daily led to prompt improvement. Prednisone was added in resistant patients. In patients with severe non-responsive disease, cytotoxic agents (Cytosan) are occasionally utilized.

### Differential Diagnosis

The differential diagnosis of patients with lupus panniculitis includes Weber-Christian panniculitis, factitial panniculitis, traumatic panniculitis, morphea profundus, pancreatic disease, chronic cellulitis, sarcoid, and lymphoma.

### Summary

Lupus panniculitis is a variant of LE, in which a lymphocytic vasculitis and panniculitis occur deep in the corium. Firm, well-developed nodules up to 5 cm in diameter occur and may ulcerate or resolve leaving areas of lipoatrophy. The upper arms, buttock, face, and back are most affected. The overlying skin may be normal or cutaneous LE may be present. Systemic lupus is present in about 50% of the cases. Therapy with antimalarial drugs or low dosage corticosteroids is usually beneficial.

### REFERENCES

1. Arnold HL Jr: Lupus erythematosus profundus (Kaposi-Irgang). *Arch. Dermat. Syph.* 57:196-203, 1948.
2. Arnold HL Jr: Lupus erythematosus profundus. *Arch. Dermatol.* 73:15-33, 1956.
3. Bechet P: Lupus erythematosus hypertrophicus et profundus. *Arch. Dermat. Syph.* 45:33-41, 1942.
4. Crocker HR: Diseases of the skin, ed. 2, Philadelphia, P. Blakiston, Son Company, 1893, p. 531.
5. Durhing LA: A practical treatise on diseases of the skin, Ed. 1, Philadelphia, J.B. Lippincott & Co., 1877, p. 416.
6. Kaposi M: Pathologie und therapie der hautkrankheiten, Ed. 2, Vienna, Urban & Schwarzenberg, 1883, p. 642.
7. Kaposi M: Pathologie und therapie der hautkrankheiten, Ed. 5, Berlin, Urban & Schwarzenberg, 1899, p. 749.
8. Irgang S: Lupus erythematosus profundus. *Arch. Dermat. Syph.* 42:97-108, 1940.
9. Jablonska S, Chorzelski T, Stachow A: Lupus erythematosus profundus. *Excerpta Medica* 1:698-700, 1962.
10. Fountain RB: Lupus erythematosus profundus. *Brit. Jour. Derm.* 80:571-579, 1968.
11. Winkelmann RK: Panniculitis and systemic lupus erythematosus. *JAMA* 211:472-475, 1970.
12. Tuffanelli DL: Lupus erythematosus panniculitis (profundus). *Arch. Dermatol.* 103:231-242, 1971.
13. Diaz-Jouanen E, DeHoratius RJ, Alarcon-Segovia D, et al: Systemic lupus erythematosus presenting as panniculitis (lupus profundus). *Ann. Intern. Med.* 82:376-379, 1975.
14. Zweiman B, Tomar RH, Gross PR: Lupus erythematosus profundus following thrombocytopenic purpura. *Arch. Dermatol.* 111:347-351, 1975.
15. Sanchez NP, Peters MS, Winkelmann RK: The histopathology of lupus erythematosus panniculitis. *Jour. Amer. Acad. Dermatol.* 5:673-680, 1981.

## \$ FINANCIAL HEALTH IN THE 80's

by George Barnitt, Ph.D., President,  
the Clients Consulting Corporation

America is the most prosperous nation in the world. In all of history, there has never been a people who had so much.

Venita Van Caspel, noted financial planner, says that in spite of our seeming prosperity more than 95 of every 100 people who live to "retirement age" are at best dependent on people other than themselves for their financial support.

Those of us in the healing professions might smugly insist that, "It doesn't happen to doctors." But just being a doctor is NO guarantee that you will be financially independent in your retirement years.

This column is about a very important game. It's called the "money game." And as in the "health game," it's not a game that you can choose whether or not to play. As in the "health game" either you do those things

that promote health or you do not. The consequences are direct and often tragic.


The first step to financial health is a financial "check-up," where you organize where you are now. This beginning financial picture is like a complete physical—an examination of your present state. Next comes the planning.

Planning for the future includes your wants and desires for your retirement years: How much money do you want to live on, what qualities do you want to have reflected in your lifestyle? Planning also includes "now": What kind of investments do you need to meet your financial goals? What is your tax situation? What do you want it to be? What kind of pension and estate planning do you need to do?

Why do all this? Why indeed!

My reasons for encouraging planning are twofold: The first is success—that's obvious—successful attainment of your financial goals. Not so obvious is satisfaction. In fact, of the two satisfaction may be the least obvious and the most elusive. As doctors, we too often forget this vital ingredient of acknowledging that we've made it. That we did what we set out to do. The result is satisfaction—being responsible. Planning is vital to your financial future. As vital as proper diet is to your physical health. In coming articles we will look at each area of planning for your financial future, and assist you in looking at your own financial condition. How to check your financial pulse, as it were.

By the way, that's what we do every day at The Clients Consulting Corporation, so if you need help call me at 524-5336.



# PEQEX

**NEW & RECONDITIONED  
MEDICAL EQUIPMENT  
FOR SALE**

- WE WILL PURCHASE YOUR  
EXCESS EQUIPMENT
- WE REPAIR EQUIPMENT

**PHYSICIAN'S EQUIPMENT EXCHANGE, INC.**  
866 IWILEI RD., 207/HONOLULU, HI 96817

## 537-2724

## If you do business in Hawaii . . .

we have something for everyone in business and the professions. Straight news, features, penetrating columns, public record data,

personalities, even a bit of humor.

## . . . we have news for you



**PACIFIC  
BUSINESS  
NEWS**

For information call 521-0021.

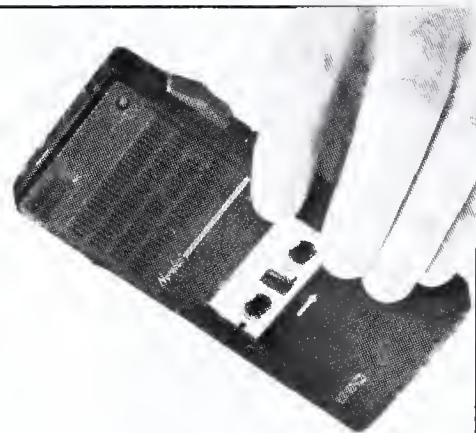


## PERMANENT HAIR REMOVAL

- RECOMMENDED BY PHYSICIANS
- MOST ADVANCED PROVEN METHODS
- MEN — WOMEN — TEENS
- ANY PART OF THE BODY
- COMPLETE PRIVACY

CONSULTATION & ESTIMATES  
WITHOUT OBLIGATION

— PHONE FOR FREE PAMPHLET —  
Century Center  
1750 Kalakaua Ave./Suite 505  
Phone 941-8995



## Norelco® model 590 POCKET RECORDER

Economically priced, easy-to-use, light weight (just 8 oz.), pocket-size. Up to 1-hour recording time, single control for easy of operation, sensitive microphone for crystal clear recording. Compatible with all Norelco transcribing machines. Many other features. Let us give you a demonstration.

## HAWAII BUSINESS MACHINES

Division of Electronics International Ltd.  
829 ALAKEA 536-3832

# Cutaneous Malignant Melanomas, Five-Year Survival

Alfred W. Kopf, M.D.; Darrell S. Rigel, M.D.; and Robert J. Friedman, M.D., New York City\*

• In the United States, the overall 5-year survival rates for cutaneous malignant melanoma (all stages) are 61% for men and 75% for women.<sup>1</sup>

Herein is presented the most recent data on survival rates of patients entered in the Melanoma Cooperative Group data base at New York University School of Medicine.

### Method and Materials

Since 1972, patients with primary cutaneous malignant melanomas have been prospectively gathered by the Melanoma Cooperative Group of New York University Medical Center. All data have been entered into a CDC 6600 computer at the Courant Institute of Mathematical Sciences, New York University. The distribution of the various histologic types of malignant melanoma in this data base is as follows: superficial spreading melanoma, 72.7%; nodular melanoma, 10.9%; lentigo maligna melanoma, 5.1%; acral lentiginous melanoma, 2.3%; and unclassified cutaneous malignant melanomas, 9.0%. For the purpose of this study, all histologic types of malignant melanoma were included. *In situ* malignant melanomas were excluded. Data on men and women of all ages and in all clinical stages on entry into the study are included.

### Results

A total of 875 patients met the above criteria for inclusion in this study. The cumulative 5-year survival rate is 87.3%.

### Comment

The statistics presented concern patients residing predominantly in the greater New York area. Some of the earliest survival data available from our geographic area published in 1952 by Pack et al. indicated that the 5-year survival rate was approximately 32.0%.<sup>2</sup> The 5-year survival rate of almost 90% we are reporting here is most encouraging. As Neville Davis states, "Melanoma is a word, not a sentence."<sup>3</sup>

It is our perception that the principal reasons for the remarkably good 5-year survival rates at our medical center is at-

tributable to early diagnosis and surgical removal of malignant melanomas of the skin, since other forms of therapy, such as radiotherapy, chemotherapy, and immunotherapy have not added substantially to the cure rates reported here. The results we are presenting allow a much more optimistic attitude toward this greatly feared neoplasm. It also gives encouragement for those who firmly believe that cutaneous malignant melanoma is virtually a completely curable disease when diagnosed and treated early.

Quoting Neville Davis once more, "Melanoma writes its message in the skin with its own ink, and it is there for all of us to see. Unfortunately, some see but do not comprehend."<sup>4</sup> Our data shows that, overall, patients who come to our medical center for the treatment of cutaneous malignant melanoma can expect to enjoy a very high (almost 90%) probability of 5-year survival. We hope that by a coordinated campaign to educate the medical profession and the public about the early recognition and treatment of malignant melanoma of the skin that we shall be able to report an even higher survival rate in the future.

### ACKNOWLEDGMENTS

This work was supported by the Melanoma Funds of the departments of Dermatology and Surgery; National Institute of Occupational Safety and Health Grant #R01 OH00915; National Cancer Institute Grant #2R10 CA 1366-05; Cancer Center Grant #CA 16087; the Rudolf L. Baer Foundation for Diseases of the Skin; the Skin Cancer Foundation Niarchos Melanoma Fund; and the Department of Energy Grant #EY-76-C-02-3077.

The members of the New York University Medical Center Melanoma Cooperative Group are: A. Bernard Ackerman, M.D.; Daniel D. Baker, M.D.; Robert S. Bart, M.D.; Ronald Blum, M.D.; Julian Brown; Jean-Claude Bystry, M.D.; Phillip Casson, M.D.; Jay Cooper, M.D.; Neil I. Dubin, Ph.D.; Robert J. Friedman, M.D.; Frederick M. Golomb, M.D.; W. Robson N. Grier, M.D.; Stephen L. Gumpert; Matthew N. Harris, M.D.; Patrick Hennessey, M.D.; Alfred W. Kopf, M.D.; Marcia Levenstein, D.Sc.; Mark H. Levin, M.D.; George Lipkin, M.D.; Edwin M. Mintzis, M.D.; Miriam Moseson; Franco Muggia, M.D.; Bernard S. Pasternack, M.D.; Gerald H. Pitman, M.D.; Allen H. Postel, M.D.; Anna Ragaz, M.D.; Geraldine Richards; Darrell S. Rigel, M.D.; Rene S. Rodriguez-Sains, M.D.; Daniel F. Roses, M.D.; Harold Sage, M.D.; Quentin Valensi, M.D.; Fred Valentine, M.D.; and Francois Viau.

### REFERENCES

1. Silverberg E: Cancer statistics, 1981. American Cancer Society, Professional Education Publication, pg. 16. Reprinted from: *CA-A Cancer Journal for Clinicians*, 31:1, 1981.
2. Pack GT, Gerber DM, and Scharnagel IM: End results in the treatment of malignant melanoma. *Ann. Surg.* 136:905-911, 1952.
3. Davis N: Guest lecturer, Melanoma Cooperative Group Seminars, 1981.
4. Davis N: Modern concepts of melanoma and its management. *Ann. Plast. Surg.* 1:628-629, 1978.

\*From the departments of Dermatology and Pathology, New York University School of Medicine, and the Oncology Section, Skin & Cancer Unit, New York University Medical Center.



1940

1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

*The Patients, Physicians and Staff  
of*

*Straub Clinic & Hospital, Inc.*

*Congratulate  
and Express their deepest Aloha and Appreciation  
to*

**Dr. Harry Arnold, Jr.**

*For his outstanding years of service  
as*

*Editor of the Hawaii Medical Journal  
and for his myriad contributions to*

*Medical Knowledge, Philosophy  
and  
Literary Excellence*



**Straub**  
CLINIC & HOSPITAL



888 So. King St.  
523-2311

# Sunburn, Aging, and the Carcinogenic Effects of Sunlight on the Skin

## A Review

D. Friday King, M.D., and Victor D. Newcomer, M.D., Los Angeles\*

• *Sunlight has numerous untoward effects on the human skin. A few of these effects include sunburn, accelerated aging, actinic keratosis, squamous cell carcinoma, and basal cell carcinoma.*

Solar radiation has a number of components. The ultraviolet light portion is made up of electromagnetic radiation, having wavelengths between 290 and 400 nanometers (nm). By convention, the ultraviolet spectrum is divided into three parts: UVA (320-400 nm), UVB (290-320 nm), and UVC (100-290 nm).

Little UVC is present in natural sunlight reaching the earth, since it is absorbed by the ozone in the stratosphere. UVC is also known as germicidal ultraviolet light, since it kills unicellular organisms. UVB is the portion of sunlight which produces sunburn and tanning, and is principally responsible for cutaneous carcinogenesis. UVA is also referred to as longwave ultraviolet light or blacklight. UVA seems to augment the carcinogenic effects of UVB as well as causing tanning, solar elastosis, and phototoxic and photoallergic dermatitis.

Electromagnetic radiation of 400 to 700 nm is visible light. Little is known about the effects of visible light on the skin. Infrared radiation is 700 to  $10^7$  nm and is felt as heat.<sup>1</sup>

The effects of sunlight on the skin have become of increasing concern. Changing life styles have resulted in increased cutaneous exposure to actinic radiation. Whereas in past generations a sun tan was considered vulgar, it is now avidly sought as a sign of health and prestige. Outdoor sports, such as jogging, tennis, and skiing, greatly increase the amount of sun exposure. Current clothing styles also result in less skin protection from actinic radiation. Many of the effects of sunlight, such as aging and carcinogenesis, evolve slowly and only become evident after a large amount of sun exposure has accumulated. Hence, these problems have taken on a greater importance as the aged make up a larger proportion of the American population.

Sunburn is the effect of sunlight on the skin that is most widely recognized by the

public. Erythema usually appears after a latent period of 2 to 6 hours, peaks at 10 to 24 hours, and disappears over the next few days. In addition to erythema, there is tenderness, warmth, and swelling. When the sunburn is severe, vesiculation may develop, which is then followed by desquamation.

UVB, the erythemogenic portion of sunlight, is most intense during the mid-day (10 a.m. to 2 p.m.). It is also present in higher concentration during the summer months and increases in intensity as one moves towards the equator. Altitude is also an important factor, since UVB increases at higher elevations. Snow and sand are good reflectors of UVB and add to the total dose of UVB. This explains why a person can get a sunburn on a cloudy day after spending time submerged in water. Smog, however, has one beneficial effect—it decreases the amount of UVB reaching the earth's surface.

The best way to avoid a sunburn is to minimize the amount of cutaneous exposure to UVB. Planning outdoor activities early in the morning or late in the afternoon is helpful. Adequate clothing is crucial. Slacks and long-sleeved shirts should be worn whenever possible. Unfortunately, hats are not in style now, but they are very important. The head and neck receive the most sun exposure year 'round and are therefore the first to show the ravages of actinic radiation. In addition, sunlight can damage hair, and a hat would also protect this important cutaneous appendage. Sunscreens are helpful and will be discussed later.

Mild sunburn should be treated with cool tap water or Burow's solution compresses, emollients, or topical corticosteroids of moderate potency. Topical remedies which contain antihistamines should never be used, since they can result in allergic sensitization. In severe sunburn, a short course of prednisone (40-60 mg daily for 3 days) will greatly decrease the severity of the burn.

Basal cell and squamous cell carcinomas are the most common malignant neoplasms in man. The former is usually a pearly nodular lesion with telangiectatic blood vessels on the surface. Bleeding occurs with the slightest trauma. It is locally invasive and may rarely cause death by destruction of adjacent structures. Metastases almost never occur. Squamous cell

carcinoma is usually a raised, rough hyperkeratotic plaque or nodule. Actinic keratoses are small, more superficial lesions, which if left untreated may evolve into squamous cell carcinoma. Metastases from squamous cell carcinoma are uncommon, occurring in less than 1% of the lesions that occur in sun-damaged skin.<sup>2</sup>

There is considerable evidence to support the role of sunlight,<sup>3</sup> specifically UVB, in the pathogenesis of basal cell carcinoma and squamous cell carcinoma:

1—These cancers most frequently arise on parts of the body receiving the most sunlight, i.e., head, neck, arms, and back of hands. In fact, there seems to be a greater incidence on the left side in the United States, where the driver sits on the left side of the vehicle; in Britain, they are more common on the right since the driver sits on the right side of the vehicle.

2—Heavily pigmented races rarely develop these cancers, but they are common in Europeans, especially those with fair skin and blue eyes.

3—There is a greater incidence of skin cancer in persons who work outdoors, compared to those who work indoors.

4—Skin cancers are more common in white-skinned people living in areas where sun exposure is greater.

5—There is an inverse relationship between incidence of these cancers and decreasing latitudes.

6—Genetic diseases which are characterized by increased skin sensitivity to UVB, such as albinism and xeroderma pigmentosum, are also associated with an increased incidence of skin cancers.

7—Skin cancers, especially squamous cell carcinoma, can be induced in experimental animals by repeated exposure to UVB.

Increased temperature, wind, and humidity also seem to augment the carcinogenic effect of UVB.

The link between sun exposure and malignant melanoma is less clear cut. Lentigo maligna melanoma usually arises on sun-damaged skin of the head, especially the cheeks. It usually grows slowly and does not metastasize for many years. This type of malignant melanoma appears related to sun exposure. Superficial spreading malignant melanoma and nodular melanoma, on the other hand, are not concentrated on areas of greatest sun exposure. There is, however, a greater incidence of these melanomas in Whites living in areas of intense sunlight, such as Australia. It has been suggested that the worldwide increase in incidence of malignant melanoma is secondary to a general increase in sun exposure, due to changes in clothing styles and increased outdoor recreation.<sup>3</sup>

Aged skin is dry, wrinkled, thinned, and yellowish. There is a loss of tone and elasticity, which results in sagging. The skin has a coarse, leathery texture, especially the backs of the hands. The back of

\*Division of Dermatology, Department of Medicine, University of California at Los Angeles



the neck may become thickened with deep, coarse cross-hatchings (cutis rhomboidalis nuchae). These changes are accelerated and worsened by sun exposure. Weathering of skin is most severe in Whites, especially those with fair skin. Blacks, Asians, and other racial groups with darker skin are partially protected from the aging as well as carcinogenic effects of sunlight.

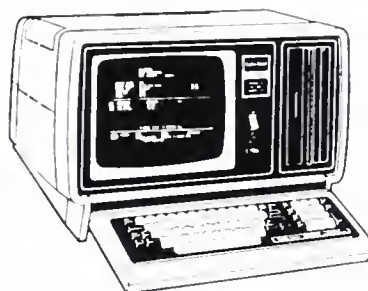
Histologically, sun-damaged skin is characterized by solar elastosis in the upper and mid dermis. These elastic fibers are increased in number and are thicker and more curled and tangled than the elastic fibers in non-sun-exposed skin. In the past, UVB has been considered mainly responsible for solar elastosis. Recent investigations, however, have pointed to UVA as a major causative agent.<sup>4</sup> This seems reasonable since more UVA than UVB are transmitted through the epidermis and into the dermis.

The skin has two adaptive defense mechanisms. With repeated exposure to ultraviolet light, the stratum corneum becomes thicker. This provides a more effective absorption and scattering barrier. However, tanning of skin is the most important defense mechanism. It is induced primarily by UVB, although UVA plays a significant role. Tanning results from an increase in the number and melanin content of the melanosomes. Some persons with fair complexion are unable to tan; i.e., Type I skin always burns, never tans. This complexion type is especially common in persons of Celtic origin. Although diffuse darkening of the skin does not occur in these individuals, freckles will darken and increase in number.

Tanning has both an immediate and delayed component. On exposure to sunlight, human skin will begin to darken within minutes. This immediate darkening reaches a peak at 60 minutes and usually fades within hours. This phenomenon is due to photo-oxidation of melanin chromoproteins and to redistribution of melanosomes within the epidermal keratinocytes. Delayed tanning is more permanent. It results from increased formation and melanization of melanosomes and their increased transfer to keratinocytes. Hence, the so-called "healthy looking" tan is actually an adaptive mechanism to photo-damage to the skin. In addition, a tan is not totally protective; harmful UVA and UVB still penetrate the skin, where they can have carcinogenic and degenerative effects.

Sunscreens recently have received a great deal of attention in both the lay and medical press. Opaque sunscreens act as a physical barrier, scattering and reflecting the sunlight which reaches the skin. These preparations, such as zinc oxide and titanium dioxide, are very effective in blocking out most actinic radiation. However, they are usually cosmetically unacceptable.

## SAVE VALUABLE STAFF TIME!



### NOW AVAILABLE TRS-80 MEDICAL MANAGEMENT SYSTEM

Our TRS-80 Medical Management System will simply and efficiently handle all your Medical Claim Forms, as well as patient billing and recall. Leasing starts at an affordable \$250/month, based on a five year lease.

# Radio Shack®

Mon-Fri  
8:30-5:30

Sat  
9-2

Associate Stores—Hawaii  
**Pacific Trade Center**

**524-1100**

## Congratulations

### Dr. Harry L. Arnold, Jr.



### HONOLULU SPORTS MEDICAL CLINIC

932 Ward Avenue, Honolulu, Hawaii 96814

521-6564

Chet Nierenberg, M.D.  
Mark Brown, M.D.  
George Seberg, M.D.

## DR. HARRY ARNOLD, JR.

BEST WISHES

FOR YOUR 40TH YEAR AS EDITOR

FROM

## DERMIK LABORATORIES, INC.

## PLANNING A MEETING? HOW CAN WE HELP?

You have a big job ahead. We'd like to share the load with you.

At Edward Enterprises we have the staff, the equipment, the quality and the experience to take a big printing burden off your shoulders.

### This is how we work with meeting planners . . .

Together we work out all the details in advance—the items you need, the special requirements, your budget allowances, the time table, etc.

Our fully staffed Creative Art Department can help you with design ideas and add touches to make your printed material distinctive.

We work with you right down the line, taking over the necessary time consuming details, maintaining accuracy, keeping to your schedules and delivering quality work just as you would expect.

### Does it work?

How does this sound?

"It is with great confidence that we approach each Congress knowing that our printing needs will be handled superbly by EE! The quality of each printed piece is outstanding, typesetting is the best I've seen in this area, and most important of all for any convention is the promptness with which orders are completed to meet the critical deadline."

Pan Pacific Surgical Association

Many others have found our services most beneficial. You can, too!



**EDWARD ENTERPRISES, INC.**  
CONVENTION DIVISION  
P.O. Box 30468, Honolulu, Hawaii 96820  
Telephone (808) 841-4231

## Congratulations Dr. Harry L. Arnold, Jr.

for your dedication and contribution to the field of medicine and for your service as editor of the Hawaii Medical Journal for 40 years. The makers of Topicort and all the staff thank you.

**Hoechst**



Hoechst-Roussel Pharmaceuticals Incorporated  
Kailua, Hawaii 261-9844

Chemical sunscreens act as barriers by absorbing ultraviolet light. They are usually colorless and are more cosmetically elegant. A number of active constituents are presently used in chemical sunscreens, including para-aminobenzoic acid (PABA) in ethanol, PABA esters, cinnamates, and salicylates. These sunscreens primarily block UVB.

In fact, the effectiveness of sunscreens is based on Sun Protection Factor (SPF), which is defined as the ratio between the radiance dose required to produce erythema in "sunscreensed" skin and the radiance dose required to produce erythema in an unscreensed control site. Since erythema is primarily caused by UVB, a sunscreen's SPF is a measurement of its ability to screen UVB and not UVA or visible light. These sunscreens allow the skin to absorb more UVA and hence develop a tan without burning.

Unfortunately, the medical community and lay public have largely assumed that these chemical sunscreens also prevent premalignant changes in the epidermis, as well as shielding the skin from the aging effects of sunlight. Manufacturers routinely include these claims in the labeling and advertising of their products. However, Pearse, et al.,<sup>5</sup> have reported that the sunscreens they tested prevented erythema caused by ultraviolet light, but not alterations in cellular kinetics and metabolism. Further research is needed to prove that sunscreens will prevent sun-induced carcinogenesis.

As mentioned above, the wrinkled, coarse texture of sun-aged skin is largely due to solar elastosis. Since this appears to be largely due to UVA and most chemical sunscreens are poor UVA blockers, these products probably offer little protection from the insidious aging effects of sunlight. Therefore, we should advise patients to avoid sunbathing, wear protective clothing, and employ opaque sunscreens if at all possible. If these admonitions are not acceptable to the patient, a high SPF, broad spectrum chemical sunscreen containing benzophenone should be recommended. The benzophenones are the most effective chemical blockers of UVA presently available, but have limited photostability on the skin.

### REFERENCES

1. Poh-Fitzpatrick MB: The biologic actions of solar radiation on skin with a note on sunscreens. *J. Dermatol. Surg. Oncol.* 3:199-209, 1977.
2. Lund HZ: How often does squamous cell carcinoma of the skin metastasize? *Arch. Dermatol.* 92:635-637, 1965.
3. Parrish JA, Anderson RR, Urbach F, and Pitts D: UV-A: Biological effects of ultraviolet radiation with emphasis on human response to long-wave ultraviolet. Chapter 8, pg. 157-175, 1978, Plenum, New York.
4. Berger H, Tsambaos D, and Mahrle G: Experimental elastosis induced by chronic ultraviolet exposure. *Arch. Dermatol. Research* 269:39-49, 1980.
5. Pearse AD, Wolska H, and Marks R: Do sunscreens prevent premalignant change in the epidermis? *Brit. J. Dermatol.* 101 (Supplement 17): 22, 1979.



# A tribute to Harry L. Arnold, Jr., M.D.

*We extend our warmest congratulations to Dr. Harry L. Arnold, Jr. on his 40th year as Editor of the Hawaii Medical Journal. We join with others in recognizing this service and join, too, with the medical community in honoring his outstanding contributions in medicine.*



## Nuuanu Floral Shop

1331 Nuuanu Avenue

Phone 531-5014

Honolulu, Hawaii 96817

# Treatment of Venous Ectasias with Hypertonic Saline

Bruce B. Chrisman, M.D., Honolulu

• *As people became more concerned with appearance in our society, defects of smaller size are noted and physicians are frequently faced with the resultant anxieties of the patient.*

*One such defect of concern to most women and some men is the superficial venule so often seen on the legs. These are of course more obvious in persons with light skin, and may be increased by hereditary factors, occupations involving prolonged standing, and the restrictive effects of pregnancy on venous flow from the legs.*

As clothing and swim wear become more revealing, patients seek help for what they consider to be unsightly venous ectasias (spider veins) on the legs, or occasionally elsewhere, notably on the face.

A number of treatments have been tried. The one most familiar to dermatologists is multiple delicate sparkings of the dilated vessels using a tiny epilating needle and a low electric current from a miniature cautery unit. Serial treatments have yielded significant medical benefits, particularly for tiny vessels of the face or legs, but are uncomfortable, as well as leaving marks for several weeks, and occasionally small scars. In addition, a number of treatments are necessary, particularly for a dense area of venules, and only partial clearing may result.

For years, surgeons have injected various sclerosing agents into moderate-sized leg veins in an attempt to avoid stripping. This method has met with some success, but also has resulted many times in areas of necrosis, slough, and scarring.<sup>1,2</sup> In other patients, significant discoloration of the skin has occurred. Although dermatologists have used this treatment at times, it is not popular because of side effects and because it was devised to eliminate larger vessels.

In recent years, there has been a resurgence of interest in the treatment of venous ectasias with hypertonic saline. Dr. Eugene Bodian has been a major influence in this regard in the United States.<sup>3</sup>

## Method

A 30- to 33-gauge needle on a 1- to 3-cc syringe is used to inject a 20-30% saline solution into the small vessels. Dr.

Bodian has 0.1-0.5 cc of air in the syringe, followed by the saline solution. The needle is delicately inserted into the venule and the air is slowly injected. If the blood in the "spider" is displaced as the air is injected, it is followed by 0.1-0.5 cc of hypertonic. The irritating effects of this solution gradually sclerose the small venules, and over a period of 1-12 weeks they are obliterated.

## Results

Due to the pleading of patients concerning severe venule problems of the legs, I tried this treatment about a year ago and have gained experience and confidence in its use. Two patients had had injections of more potent sclerosing agents in the past and both had been dissatisfied with the resultant scars on their legs. I procured a sterile saline solution of the proper concentration and used this with a disposable tuberculin syringe and ½-inch 30-gauge needle. My earliest treatments involved a number of areas on the legs and were followed by wrapping the legs with elastic bandages for several days. I found this wrapping unnecessary,<sup>4</sup> and the patients found the elastic wraps uncomfortable and impossible to keep in place.

I also have found no need to inject air before the solution, or to use special-order needles. A 30-gauge needle, which has been bent at a 30-degree angle with the bevel up, by pushing it gently against the opening of the plastic needle cover, has proved sufficient for the majority of vessels. With experience, dexterity and 3-power magnification, it is possible to enter vessels approximately half the diameter of the needle itself.

The keys to injection are: keep the needle bevel up; the needle almost parallel to the surface of the skin as it enters; and insert it enough to just enter the vessel. With experience, it is sometimes possible to feel or see the entry of the needle into even a tiny vessel. Most of the visible leg vessels, even those of 1.5 mm diameter, are remarkably superficial in the skin. An extremely superficial entry of the needle into the skin will yield more hits than misses. The ideal vessel to hit is the larger one in a "spider" area, there usually being 1 to 3 of these in a group;

most of all the ectatic area can be filled by careful injection of one of these "feeder" vessels. About 0.1-0.8 cc of hypertonic saline is slowly injected, depending on the size of the vessel cluster. It is easy to see the enlarging blanch created by this injection and thus to recognize that most of the vessels in this group have been affected by the saline.

If no air is used in the syringe, it is of utmost importance that the physician be meticulous in needle placement, and that a minimal amount of fluid be injected initially. If any bleb or wheal is observed, rather than disappearance of blood from the injected vessel, the injection should be immediately stopped, as this caustic fluid is irritating to tissues. Even with considerable experience and skill, the tiny vessels will be missed part of the time. If leakage does occur, I turn the syringe over and use the small round end of the plastic plunger to milk the fluid out of the needle hole as much as possible. If several misses occur, I switch to a new needle.

The usual result of extravasated hypertonic saline is a small brownish spot. This may be an inflammatory hyperpigmentation or perhaps hemosiderin from lysed red cells. In any case, it tends to fade over several months, and I have seen no permanent pigmentation, necrosis, or scarring. However, slow, careful injection, particularly the first several drops, is necessary to avoid as much as possible extravasation.

Injection often will cause erythema of the ectatic area, and sometimes minute visible swelling of the vessels. Results may be gratifying within a week, but patients should be counseled that full improvement could take 2-3 months, and that multiple treatments will be necessary to occlude as many of the offending vessels as possible. The tiniest vessels may need to be treated at a later date with the classic method of repeated epilation-needle sparking.

I prefer to repeat the injections at about 1-month intervals, though it may be difficult to get the enthusiastic patient to wait this long. Saline should be non-allergenic and produce few, if any, side effects when injected intravenously, because of rapid dilution by the blood in the surrounding vessels. Since 1-4 cc of the 23% solution might be used at one time, the patient actually receives a rather small increment of salt.

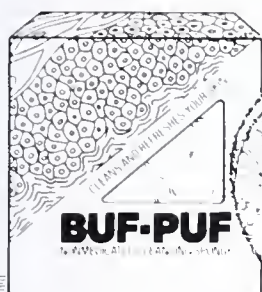
A British patient who had had considerable exposure to the sun had developed quite significant ectasias over the cheeks. Such patients are frequently seen in Britain, Northern Europe and Australia. These injection procedures can be used if the facial ectatic venules are large enough. Again, the larger vessels should be injected. This patient has shown significant improvement with this treatment, despite the more rapid dissipation of the solution in the face due to the richer blood supply.



# BUF SKIN CARE PRODUCTS

## BUF-PUF<sup>®</sup>

Nonmedicated Cleansing Sponge



For  
beautiful  
skin

BUF-PUF is a unique kind of skin care product to help clean away dirt, oil and loose particles of dead skin. Its gently abrasive action helps to loosen already formed comedones and prevent the formation of new ones. It is made of carefully arranged polyester fibers, and contains no chemicals or medications.



## BUF<sup>™</sup> KIT FOR ACNE

For clean,  
better looking skin.

BUF-PUF Nonmedicated Cleansing Sponge and BUF Acne Cleansing Bar were designed to work together in helping to remove the comedones and prevent the formation of new ones. BUF Acne Cleansing Bar is specially formulated to thoroughly cleanse the skin and remove excess oil. Its gentle, mild lathering action is non-irritation, and it has a pH compatible with that of the skin.



NEW FOR YOUR ACNE PATIENTS!  
BUF-OXAL is available in either 5% or 10% Benzoyl Peroxide gel. More economical 2 oz. size, which means lower cost to patient.

Available at your local pharmacy.

# 3M

4443 Malaai Street  
Honolulu, Hawaii 96818  
422-2721



*The Mercedes-Benz owner deserves service worthy of his automobile in every respect. He deserves Signature Service: a commitment to service efficiency and excellence so wholehearted that we support our promise with our personal signatures. Bring your Mercedes-Benz in. You won't get just service. You'll get Signature Service.*

*C.W. Shafer*  
C. W. SHAFER  
President, TheoDavies Euromotors



**THEODAVIES  
EUROMOTORS**




A subsidiary of  
Theo. H. Davies & Co., Ltd  
Hawaii's only authorized Mercedes-Benz dealer

OAHU  
704 Ala Moana Boulevard  
Honolulu—Ph 531-5971

MAUI  
40 South Hana Highway  
Kahului—Ph 877-5091

HAWAII  
124 Wiwoole Street  
Hilo—Ph 961-6087

# SURVIVORSHIP WHOLE LIFE

-  **Manulife has the best product to fit the recent changes in the Estate Tax Laws!**
-  **An inexpensive solution covering the Estate Taxes that will be due when the surviving spouse dies!**
-  **An inexpensive method of creating a substantial emergency fund when the first spouse dies!**

SURVIVORSHIP WHOLE LIFE						
\$100,000 Payable On Second Death Only						
PREMIUM PAYMENTS CEASE AFTER FIRST DEATH						
Male 50, Female 50			Annual Premium: \$1,553.00			
YEAR	BOTH ALIVE		MALE SURVIVING		FEMALE SURVIVING	
	CASH VALUE	PD-UP	CASH VALUE	PD-UP	CASH VALUE	PD-UP
1	0	0	27,700	100,000	33,600	100,000
20	32,700	73,300	52,800	100,000	60,000	100,000

Have your agent call Mel Saiki or  
Michael Taylor, C.L.U., at 521-5311

**Manulife**

Dr. Bodian<sup>5</sup>, and I also, have injected nasal venules, resulting from actinic damage or rosacea, with fairly good success. Caution and low volumes of solution are indicated on the face because of possible communication of facial venules with vessels of the orbit.

Patients experience slight discomfort with the multiple tiny needle pricks necessary in injections, but most are willing to tolerate this without anesthesia. Local anesthesia of an ectatic area is counterproductive, because the blanching or erythema from local anesthetic or chilling agents obscures the areas to be injected. There also may be a noticeable burning sensation in the area of injection when a small vessel has been entered, but again patients tolerate this well. On rare occasions, patients will experience mild muscle cramping deep to the area of injection, but brief massage or a short wait usually resolves this.

## Discussion

Those who contemplate using this treatment should advise the patient that it is an imprecise method which may require more than one treatment, and no guarantees can be made. Patients should be aware that it is almost always a cosmetic procedure, but complications and side effects are possible, particularly temporary or even permanent discoloration, or sloughing or scarring of the skin. Those physicians not possessing keen eyesight and manual dexterity should not attempt this, because the consistent entry of vessels less than 1 mm in diameter is not easy. The earliest phases of injection should be done extremely slowly and carefully, and the injection should be stopped at the first indication that the fluid is not entering the vessel lumen. I have not had to correct any significant extravasation, but, should it occur, it would probably be best to blow up the area moderately with injection of ordinary saline.

It is probably unwise to use this treatment in the immediate periocular area, because of the theoretical possibility that the material might be carried to the retinal vessels in enough concentration to cause some sclerosis there.

I have been very pleased with this method of treating small unsightly skin vessels, and have noted no significant permanent side effects. More importantly, my patients also have been very pleased.

## REFERENCES

1. Weissberg D: Treatment of varicose veins by compression sclerotherapy. *Surgery, Gynecology, and Obstetrics*. 151:353, 1980.
2. Hobbs J: The management of varicose veins. *Phlebologie*. 34(3): 445, 1981.
3. Bodian E: Presentation to the American Society for Derm. Surgery. 1980.
4. Batch AJ, et al.: Randomised trial of bandaging after sclerotherapy for varicose veins. *British Medical Journal*. 423, August 9, 1980.
5. Bodian E: Personal communication.



# NEW . . . and at only **\$2,195**



MINOLTA

## EP 300

NOW, NO BUSINESS  
IS TOO SMALL  
TO GET QUALITY COPIES.



Now even a small business can afford high-quality copies. And the Minolta EP 300's low price includes a combination of features that until now could be only found on copiers costing substantially more.

The EP 300 is a true plain paper copier, so you can copy virtually any original, including bound volumes, on virtually any paper, from 5½x8½" to 10x14". Including your letterhead, preprinted forms, colored papers and overhead transparencies. At the rate of 12 copies per minute.

You can even copy on both sides of the paper, thanks to a built-in bypass tray.

Minolta's exclusive micro-toning system reproduces every detail of the original. Solid blocks in the original come out richly solidly black in the copies. And automatic image density control assures consistent copy quality.

What's more, the EP 300's copies have no void areas as the copies from some copiers do. So you get quality from top to bottom and edge to edge.

And, built into the EP 300 is an electronic trouble-shooter. It keeps a watchful eye on important machine functions and lets you know when something needs your attention. Like when to add paper, add toner or clear the paper path.

Virtually jamproof operation, too. With the EP 300's short paper path, paper jams are practically eliminated. And you can even copy on heavy papers with no problems.

And the Minolta EP 300 has a fiber optics system. What results is a trim copier that fits just about anywhere in your office. And with fewer moving parts, there's less chance of breakdowns.

The Minolta EP 300. Now, no business is too small to get quality copies.

**Call us to arrange a demonstration. No obligation, of course.**

HONOLULU  
2340 Kam Highway

KAHULUI  
261 Lalo Street

HILO  
101 Holomua

KONA  
74-5603 Alapa

**847-0221**

**877-7331**

**935-5401**

**329-1308**

*A different kind of company where promises and customers are kept.*





# WWII, the 147th General Hospital & Harry Arnold

Robert W. Goltz, M.D.,\* Minneapolis

Having known and admired Harry Arnold for a long time, I am delighted to contribute to his *Festschrift* some memories about the early years of his practice in Honolulu and his later service on the American Board of Dermatology.

1946 was a year of pell-mell demobilization. Doctors as well as everyone else in the Armed Forces, who had put in the long years of World War II far from home, were demanding to get out fast, and Congress obliged. Serious disruption of the medical services of all the Armed Forces was a predictable result, and there rapidly developed a great vacuum which needed to be filled as quickly as possible. In early summer, a group of young doctors, including me, arrived in Honolulu Harbor on a rusty Liberty ship nine days out of San Francisco. After a short stay at Wahiawa Replacement Depot, most were sent "down under" to various stations throughout the Pacific theater. But I had the good fortune to be assigned to the old Tripler Hospital in Honolulu, there to become the only dermatologist in the Armed Forces in the Pacific. William C. "Bill" Miller, now practicing in Wausau, Wis., had been taking care of the large numbers of dermatology and V.D. cases at the hospital for over a year. Bill in turn had taken over from Gerry De Ore, now of Palm Springs, Calif., who had spent most of his military career doing the dermatology at Tripler throughout the earlier war years. I suspect Gerry was glad to see Bill, and I know Bill greeted my arrival with undisguised enthusiasm.

During most of World War II, the old Tripler Hospital was called the 147th General. It was an old rambling wooden structure dating back to the Spanish-American War. Its columns, porticos, porches and high-ceilinged wards were charming, but it wasn't a particularly efficient medical facility, nor was it very large. During the war, it had been augmented by a number of temporary wards, housed in outlying frame buildings. These had no air conditioning and they were hot in the afternoon. Distances between were long, and one got soaked running from ward to ward during the frequent afternoon rain showers. But the 147th General was well located. It lay just across King Street from the main gate to Fort Shafter, site of the "Pineapple Pentagon," command center for all Army operations in the Pacific theater. It was also convenient, via the public buses, to the joys of Downtown Honolulu and Waikiki. Sadly, the site of the old hospital is now covered by a foot of concrete, the H-1 freeway.

At any rate, having had less than a year of residency training at the University of Minnesota, I became the only dermatologist in the Armed Forces of the Pacific. Skin cases were referred from all of Hawaii and the whole mid-Pacific area, sometimes even Japan and the Philippines. The 147th General also served as Hawaii's veterans' hospital. A 9-month wonder needs a lot of help. Fortunately, this was available from Harry Arnold, who contributed generously of his time and talents as the consultant in dermatology. In spite of the demands of his own busy practice, Harry came regularly and faithfully to the 147th General. All of the difficult cases were saved up for his bi-weekly visits. Many needy patients benefited greatly from his clinical acumen, and I was spared a great deal of doubt and anxiety.

Later on, in 1948, when it came time for me to be discharged

from the Army, Harry asked me to serve as his locum tenens. This was his first chance to get back to the Mainland, and he needed the break after working so hard throughout the war years. He was also to receive the honor of becoming, at a comparatively young age, a member of the American Dermatological Association. With the help of Irvin Tilden, I was able to accomplish the then difficult feat of getting a license to practice medicine in the Territory of Hawaii. I still hold that license and hope to someday be able to put it to use again.

Fitted out in a new blue suit from Liberty House, I arrived at Harry's office in the old Straub Clinic building overlooking Thomas Square, for what proved to be a very interesting stay of several months. Harry's aide, Muriel Murioka, who is still with him, and Grace Emmons worked valiantly to keep the young dermatologist, still wet behind the ears, out of trouble. Working in Harry's office with his patients and his charts was a great learning experience for me. Harry was already particularly interested in the psychosomatic aspects of dermatology. His progress notes, always typed by himself at the end of the day using the two-finger, hunt-and-peck method, frequently said only "talk, talk," by which was meant the visit had been spent discussing the patient's personal problems as well as his skin disease. Taking time to listen to his patients' troubles was a special part of Harry's approach to clinical care. He was the epitome of the good doctor. My locum tenens proved to be a valuable preceptorship, even though the preceptor was far away on the Mainland.

After not seeing much of him for a number of years, I had the great good fortune of being able to get to know Harry well again during concurrent service on the American Board of Dermatology. My earlier admiration was immediately rekindled. Giving the oral board examinations was always an ordeal, not only for the candidates, but for the examiners as well. We put in long, dawn-'til-dusk days, examining candidate after sweating candidate. This went on for nearly a week, and board members were pretty well exhausted at the end. To maintain absolute objectivity and equality in evaluating every candidate was not easy, but Harry was a master at it. He was well known for being kind and considerate to all the nervous candidates while maintaining impeccable standards of impartiality and integrity. One of the things for which he was particularly noted was his emphasis on high standards of courtesy to the patients who had volunteered for the sometimes onerous chore of being live subjects for the clinical oral examination. His insistence that candidates recognize the sensitivities of these patients, introduce themselves, and learn the patients' names, quickly became well known. Coming at a particularly impressionable moment in the careers of these young dermatologists, it must have had a salubrious impact on the way they treated their own patients ever after.

Harry always lived up fully to his responsibilities as a member of the board. I recall one occasion, when the examinations were being held in Galveston, Texas, he had a temperature of 103° F as a result of catching some virus or other. In spite of feeling awful, he would not give up. He insisted on showing up every morning to carry his load as examiner. He should have been sick in bed, but he was not one to abandon his colleagues or his responsibilities to the board.

The many contributions Harry made as an officer of the American Board of Dermatology and president of the American Academy of Dermatology are well known. He has always been known for his special expertise as writer and parliamentarian. Whenever there was an editing job or a rewriting of bylaws to be done, Harry was always the first to be called upon, with the knowledge that he would do a thoroughly creditable job. Such skills must have been, in part, a product of his long editorship of the HAWAII MEDICAL JOURNAL, but this was a two-way street. For many years, the JOURNAL itself has enjoyed the fruits of his superb talent as editor and author.

I am delighted to have been able to make this small contribution to this *Festschrift* in honor of one who is not only one of the truly outstanding dermatologists of his generation, but a wonderful person as well.

\*Professor and Head  
Department of Dermatology  
University of Minnesota



**CONGRATULATIONS DR. HARRY L. ARNOLD, JR.**

from

# **Hawaii's Home Care Specialists**



## **AABAGAIL Medical Customer Service Pledge**

Aabagail Medical is dedicated to providing the finest possible service to our customers. This is our company's most important business principle.

At Aabagail Medical, CUSTOMER SERVICE means:

- Courteous, helpful employees who are knowledgeable about our products and have empathy for our customers' disabilities.
- Recommending the proper equipment for each customer's individual needs.
- Carrying a complete line of the highest quality and most technically advanced equipment available. We will stock inventory in depth and will have equipment on display and available for demonstration whenever economically feasible.
- Prompt, reliable delivery of the equipment by the date promised. We will also offer an in-home installation service for most of the products we sell.
- Prices that give our customers excellent value while compensating us fairly for the services provided.
- Offering a skilled, high quality repair service for the equipment we rent and sell. The repairs will be performed promptly based on free written estimates. We will also make every effort to have substitute equipment available at moderate cost.
- Billing Medicare/Medicaid and insurance companies on behalf of our customers. It is our policy to accept assignments on claims whenever the patient is eligible and we can be assured of reimbursement.
- Free evaluation of the patient's home environment to facilitate mobility and the activities of daily living.
- Providing informative literature on medical products, Medicare reimbursement plans and patient care in the home.
- Making our facilities available and encouraging our employees to become personally involved in supporting non-profit organizations in the health care field. We will give special support to wheelchair sports activities.
- Sponsoring educational seminars and in-service training for health care professionals.
- 24 hour stand-by service for our oxygen customers.
- Maximum effort by our entire organization to ensure that our customers are satisfied.



**Phone 537-2922**

**660 Queen Street • Honolulu, Hawaii 96813**

# Epitheliomas—Girls Get Them First?

## Fact or Fancy?

Samuel D. Allison, M.D., Honolulu

It is a great pleasure to offer a few encomiums and some unpublished data in this issue dedicated to Harry Arnold.

My first major encounter with his writings was an exchange of letters in May 1942. As a brash young VD control officer, I had the temerity to comment on something in his JOURNAL. These were the days of long lines visiting the "Mamie Stovers." Harry answered me with an elegant epistle of 5 pages of single-spaced type concerning the role of prostitution in the spread of VD. I will not recall the details of this letter to him other than his final remark that "the present system (of prostitution control) . . . as it stands, it's the best system (in point of prevention of disease) in the United States."

Of Harry's many published papers, 2 are always at my hand to explain problems to patients. One classic presented a many faceted "diamond," each of the 18 facets showing the relationship of one disease to another.<sup>1</sup> He also provided me with the best and safest treatment for alopecia areata. No side effects! His graph showing the "weeks before regrowth of hair seen" permits the use of innocuous irritant therapy while explaining and re-explaining the condition and while awaiting the nearly universal return of hair.<sup>2</sup>

This issue also provides an opportunity for the presentation of an unusual statis-

tical coincidence and the possibility that a factor not well recognized may have some relationship to the time of appearance (or diagnosis) of basal cell epitheliomas.

Many causes of epitheliomas long have been recognized, such as radiation, both solar and X, arsenic, and burns. In recent literature, there are reports of basal cell carcinomas arising in a chronic leg ulcer, small pox vaccination scars, a BCG vaccination scar, in linear and pigmented nevi, and of a squamous cell epithelioma arising in a basal cell epithelioma treated

TABLE 1  
Basal Cell Epitheliomas by age and sex

Age	Male	Female
1-39	8 ( 5%)	11 ( 7%)
40-49	22 (13%)	42 (25%)
50 and over	136 (82%)	113 (68%)
Total	166	166

with intralesional 5-fluorouracil.<sup>3</sup> Cancers are known to occur with different frequencies in the several racial groups<sup>4</sup> and within the varied skin colors of the same race. Could there also be some sexual difference in the onset or frequency of lesions?

Some time ago, more than 1,200 biopsies of basal cell carcinomas, basal-squamous carcinomas, actinic keratoses, squamous carcinoma in situ, squamous carcinomas of grades I, II, III, IV, melano-

mas, and keratoacanthomas were tabulated as to age, sex, and location.

There appears a striking difference between the sexes in the time of onset (diagnosis?) of basal cell epitheliomas, but a small difference in the age of onset of squamous cell epitheliomas. These differences are noted in Table 1 and Table 2. When the two types of lesions are combined, it is noted that 32% of women and

TABLE 2  
Squamous Cell Epitheliomas by age and sex

Age	Male	Female
1-39	9 ( 5%)	4 ( 4%)
40-49	29 (16%)	23 (24%)
50 and over	144 (79%)	70 (72%)
Total	182	97

but 20% of men are affected before the age of 50.

It is fully recognized that this is a retrospective study; it deals only with patients seen in my office, and there may be no difference in actual time of onset of lesions. Women may be more conscious of skin lesions, and come for treatment earlier. (Or there may in fact be a biologic difference.)

If this difference can be corroborated by other studies, it may be that we need spend even greater efforts to warn young women of the hazards of too much sun.

## REFERENCES

1. Arnold HL Jr: Stress dermatoses: suggested integration of the allergic-psychogenic dermatoses. *Arch Dermat. & Syph.* 67:566-574, 1953.
2. Arnold HL Jr: Alopecia areata: prevalence in Japanese and prognosis after reassurance. *Arch. Dermat. & Syph.* 67:191-196, 1952.
3. Medline Search. References available on request.
4. Allison SD, Wong KL: Skin cancer: some ethnic differences. *Arch. Dermat.* 76:737-739, 1957.

# Rapid Screening for Leprosy

C.V. Caver, M.D., Honolulu

• *Hawaii requires physicians applying for licensure to demonstrate a rudimentary knowledge of leprosy, and thus encourages detection, early initiation of treatment, and reduction of morbidity and disabilities. Most physicians pass this test, then relegate it to the back of the mind to be brought out only in rare instances. When the chance of finding a new case presents itself, the physician may find his knowledge of the disease sadly lacking. This usually results in referral to a dermatologist or leprologist. Often, family members and other close contacts must be referred for examination. A rapid and simple procedure for screening these persons is outlined herein.*

The state Department of Health conducts leprosy contact investigations by a system of annual clinics, held at various times and locations convenient to the target group. Attendance is voluntary.

Some 700 out of 2,000 eligible persons have been examined annually over the past 10 years. With this large number of people and limited time and personnel, a technique has evolved that will detect the common and salient signs of the disease

quickly and efficiently in one person or several at a time.

With timorous children or fearful adults it can be made into an amusing game that relieves the tension of the moment.

Starting at the head and working down, one can check for peripheral nerve damage, muscular paresis, overt skin lesions, and signs of previous involvement by the following instructions and

examinations. It is best to do it along with the subject to avoid having him feel foolish.

1—"Have you got two ears?" Examine the external ears for erythema, deformities, chondritis, edema, or actual lepromas.

2—"Have you got two eyes?" Look for iridocyclitis, hypopion, conjunctival lepromas, widened palpebral fissure.

3—"Raise your eyebrows." Look for asymmetry, frontalis weakness, alopecia of brows, ptosis.

4—"Close your eyes tight." Look for ectropion, orbicularis weakness or disparity, loss of lashes, lagophthalmos.

5—"Have you got two noses?" Check for collapsed cartilages, unequal or deformed alae, deviations from midline, septal disease.

6—"Have you got two mouths? Show me your teeth." Look for 7th nerve or other facial paralysis.

7—"Can you whistle?" Test orbicularis oris.

8—"Do you have any holes in your



SYNTEX LABORATORIES, INC.  
3401 HILLVIEW AVENUE  
PALO ALTO, CA 94304



Harry L. Arnold, M.D.  
Queens Physicians Office Bldg.  
Honolulu, Hawaii

Dear Harry:

CONGRATULATIONS!

Thank you for your contributions to  
clinical dermatology.

Your career demonstrates that a  
dermatologist in practice can positively  
influence the direction of the  
entire specialty.

Best wishes,  
Your friends at Syntex



head?" Look for alopecia, lepromas, ulcers under hair.

9—"How is your necking?" Palpate for greater auricular nerve enlargement.

10—"Do you have two arms?" Examine ulnar nerves for disparity in size, tenderness, abscesses. Examine radial and median nerves in forearms.

11—"Can you open your fingers?" Extend all 10 fingers to the maximum. Inability to extend 4th and 5th digits fully is a common and early sign of ulnar deficit.

12—"Touch your fingers to your thumbs, one at a time." Detects coordination, radial and median nerve deficits.

13—"Can you tap your left foot? Right foot?" Raise each foot several times to

test for tibial paralysis and drop foot.

14—"Let me see your soles." Inspect for trophic ulcers, deformed toes, collapsed arches, heavy unequal calluses.

By this time, the subject is more relaxed and trusting, and one may examine the whole body for skin lesions, particularly annules, nodules, erythemas, infiltrations, hyper- or hypo-pigmentations, alopecias, atrophy, gynecomastia, and scarring. Suspicious areas can be checked for loss of light touch with a cotton wisp or the corner of a gauze square, for loss of thermal sensation with cold bandage scissors and a tube of warm water, and loss of pain sense with a large safety pin. Look for gross enlargement of peripheral

nerves, such as lateral peroneals, lateral surals, anterior and posterior tibials, etc.

Far advanced disease is signaled by flaccid paralyses, muscle contractures, numerous burn scars, trophic ulcers, bony necrosis, contracture of digits, or the scar of a previously worn tracheostomy.

Those with definitely suspicious findings can then be subjected to biopsy, tissue juice smears (snips), and lepromin test for Fernandez and Mitsuda reactions. Those with no findings may be given the good news and invited to return and report any of the signs looked for. Children can be given a little spank (no charge for the spank).

## Pseudotumor Cerebri Following Steroid Injections

Richard W. Fardal, M.D., Honolulu

• *A collection of scientific reports honoring Harry L. Arnold Jr. would be incomplete without mention of intramuscular steroid injections.*

### Case Report

A 57-year-old man with a diffuse severe form of parapsoriasis (pityriasis lichenoides chronica) received 40 mg intramuscular triamcinolone acetonide (TAC) in June 1980. He received 80 mg in September, November, January, and late February 1981. In late March, he complained of severe headaches, dizziness, slight fever, and behavior changes. Neurological examination and brain scan were normal. He received an additional 40 mg of TAC in early April. Repeat neurological and ophthalmological examinations about two weeks later revealed marked papilledema. A CT scan of the brain was normal.

He then received Medrol tablets with improvement. Symptoms and signs of benign intracranial hypertension (BIH) relented by July. He was then started on oral prednisone 20 mg daily, which controlled his parapsoriasis. Two months later, the dose was reduced to 20 mg on alternate days as a morning dose. The parapsoriasis worsened and has required 30 mg on alternate days to maintain control up to the present.

### Discussion

BIH causes headache and papilledema without localizing neurological signs in otherwise healthy people. Fishman discusses its etiology, differential diagnosis, pathophysiology, and therapy.<sup>1</sup> BIH has been reported in patients on adrenal corticosteroids (CS) for prolonged

periods. The syndrome is more frequent when steroid dosage is subsequently reduced, suggesting that relative adrenal insufficiency might be present. Very gradual steroid withdrawal is necessary while observing for headache and irritability.

Controversy continues over the safest and most effective way to administer systemic steroid therapy for long-term control of various diseases. Arnold lists five advantages of TAC suspension:<sup>2</sup>

1—The total dose is only a fraction of the oral steroid dose required.

2—A rest period between relapse and retreatment, before each successive dose, permits adrenocortical recovery.

3—The physician controls the dose himself.

4—Remissions can be recognized.

5—The tapering off (withdrawal) problem is completely eliminated.

Storrs,<sup>3</sup> Fine,<sup>4</sup> and others support alternate day or single morning dose prednisone. They cite greater responsiveness of the hypothalamic-pituitary-adrenal (HPA) axis, since the tissue effects of prednisone outlast its ACTH suppressing ability. Mikhail et al. found that plasma cortisol and urinary 17-hydroxy-CS levels were diminished for about 4 weeks after 40 mg TAC intramuscularly.<sup>5</sup> They subsequently reported that adrenal suppression was more common and severe when intervals between injections were less than 4 weeks, regardless of duration of therapy or dosage. Adrenal recovery occurred 3 to 6 months after cessation of TAC therapy; this is similar to results in patients adrenally suppressed after oral CS.<sup>6</sup>

Inhibition of HPA axis function is only a small segment of steroid activity, however. There may be interference with leukocyte or macrophage function and within the inflammatory process. Anovu-

latory menstrual cycles and dysfunctional uterine bleeding may result, especially with TAC intramuscularly.<sup>7</sup> Senile or solar purpura is also more common with TAC. Posterior subcapsular cataract may occur, regardless of type of administration. Numerous other physiological and psychological effects can occur. Alternate day prednisone or infrequent use of various intramuscular steroids minimize all these potential problems.

One of the most difficult problems with alternate day CS therapy for inflammatory or immune-complex-mediated skin disease is providing adequate control without direct surveillance of use. Daily dose or multiple daily dose therapy is essential to achieve control. The patient commonly resists the physician's attempt to convert to alternate day regimens.<sup>8</sup> Dr. Arnold's argument, with which I generally concur, is best supported by Mikhail's statement, "Therapy is an art that is based not only on physiologic and pharmacologic principles, but also on clinical observations and experience. When the disease under treatment compels the protracted use of CS, the case should be handled according to its particular needs, at the discretion of the treating physician."<sup>9</sup>

### REFERENCES

1. Fishman RA: Benign intracranial hypertension and related disorders. In: *Cerebrospinal Fluid in Diseases of the Nervous System*. W.B. Saunders & Co., Philadelphia. 128-139, 1980.
2. Arnold HL Jr: Systemic steroid therapy with intramuscularly injected triamcinolone. *South Med J*. 71:102-107, 1978.
3. Storrs FJ: Use and abuse of systemic corticosteroid therapy. *J. Am. Acad. Dermatol.* 1:95-105, 1979.
4. Fine RM: The use of systemic corticosteroids in dermatology. *South. Med. J.* 63:961-965, 1970.
5. Mikhail GR, Livingood CS, Mellinger RC, Paige TN, Salyer HL: Effect of long-acting parenteral corticosteroids on adrenal function. *Arch. Dermatol.* 100:263-266, 1969.
6. Mikhail GR, Sweet LC, Mellinger RC: Parenteral long-acting corticosteroids. Effect on hypothalamic-pituitary-adrenal function. *Ann. Allergy* 31:337-343, 1973.
7. Carson TC, Daane TA, Lee PA, Tredway DR, and Wallin JD: Effect of intramuscular triamcinolone acetonide on the human ovulatory cycle. *Cutis*, 19:633-637, 1977.
8. Fauci AS: Alternate day corticosteroid therapy. *Am. J. Med.* 64:729-731, 1978.
9. Mikhail GR: Intramuscular corticosteroids. *J. Am. Acad. Dermatol.* 5:605-606, 1981.



# THE HAWAII DERMATOLOGICAL SOCIETY

congratulates

**Harry L. Arnold, Jr., M.D.**

**EDITOR**

**Hawaii Medical Journal**

**FORTY YEARS**

COL. HAROLD ALBERT, M.D.  
SAMUEL ALLISON, M.D.  
FORREST BROWN, M.D.  
CLAUDE V. CAVER, M.D.  
LTC. PHILLIP CHAN, M.D.  
BRUCE B. CHRISMAN, MD.  
EDWIN CHUNG-HOON, M.D.  
CLEMENT CHUN-MING, M.D.  
ROBERT C. CLINGAN, M.D.  
EDWIN R. CURPHEY, M.D.  
RICHARD W. DANG, M.D.  
FRANCIS J. DANN, M.D.  
NANCY W. EDWARDS, M.D.  
DAVID ELPERN, M.D.  
EDWARD T. EMURA, M.D.  
RICHARD W. FARDAL, M.D.  
WAYNE FUJITA, M.D.  
CAPT. RONALD GABEL, M.D.  
MAJ. RICHARD GENTRY, M.D.

ROMAN GLAMB, M.D.  
KIM GOH, M.D.  
NORMAN GOLDSTEIN, M.D.  
JAY GREKIN, M.D.  
JOSEPH HATHAWAY, M.D.  
PHILIP HELLREICH, M.D.  
LCDR. RICHARD HILDER, M.D.  
ALLAN K. IZUMI, M.D.  
DOUGLAS JOHNSON, M.D.  
HAROLD M. JOHNSON, M.D.  
ROBERT KIM, M.D.  
TIMOTHY KNIGHT, M.D.  
FREDERICK MAAG, M.D.  
CURTICE T. MARTIN, M.D.  
COL. STACY McMARLIN, M.D.  
DANIEL D. PALMER, M.D.  
ANDREW SACKETT, M.D.  
PAUL I. SUNAHARA, M.D.  
RAYMOND McARTHUR WILLIAMS,  
M.D. (Deceased)

David Huntley, M.D.  
President

William Wong, M.D.  
Vice President

Milton J. Ackerman, M.D.  
Secretary-Treasurer

# Have Extemporaneously Compounded Topical Antibiotics a Place?— The Clindamycin Saga

Otto H. Mills Jr., Ph.D., and Albert M. Kligman, M.D., Ph.D., Philadelphia\*

• *Clindamycin hydrochloride, 1%, prepared from Cleocin capsules in Vehicle N® Neutrogena Corp. was compared to proprietary 1% clindamycin phosphate as Cleocin T® Upjohn Co. The test agents were applied twice daily for 6 weeks to the faces of 10 healthy young men with high densities of P. acnes. Measurements were made of the reduction in P. acnes and the free fatty acids of the surface lipids. Both preparations significantly reduced these parameters. Clindamycin HCl in Vehicle N was the more effective.*

Topical antibiotics for treating superficial skin infections have been available for many years. These include erythromycin, neomycin, polymycin, gentamicin, and tetracycline. Though oral antibiotics for acne vulgaris have been effectively used for more than 3 decades, the introduction of topical antibiotics for this disease has been curiously late. Six proprietary brands have recently been approved by the FDA, 5 in the last 2 years.

A review of the history of this development illuminates some peculiarities of dermatologic practice and raises issues which are not yet settled.

In 1974, Fulton and Pablo, followed shortly by ourselves, demonstrated the efficacy of topical erythromycin in acne.<sup>1, 2</sup> In our case, this was the outcome of antibiotic screening lasting almost a decade. This was largely a frustrating exercise, since so few topical antibiotics could be shown to influence the disease. We flatly declared chloramphenicol, tetracycline, and penicillin to be inefficacious, even though *P. acnes* was highly susceptible to these drugs *in vitro*. We thought that *in vivo* failures reflected inadequate penetration into the deeper follicular recesses where *P. acnes* was headquartered.

In 1976, 2 reports appeared which claimed that a proprietary topical tetracycline (Topicycline®) Procter and Gamble was the equivalent of 500 mg of oral tetracycline daily.<sup>3, 4</sup> We have since evaluated this particular formulation and stand by our original judgment. Two further items are noteworthy. In Stough-

ton's 1979 survey of topical antibiotics prescribed by dermatologists, the respondents were just as satisfied with tetracycline as with clindamycin, though the latter was far more extensively used.<sup>5</sup> In 1981, Stoughton felt obliged to remark that "clinicians have pretty much avoided the use of topical tetracycline—apparently because their experience with it has not been favorable."<sup>6</sup>

While topical erythromycin is indubitably effective, we shall focus in this report on clindamycin, which seems to have been extemporaneously formulated on a large scale. Two salts of clindamycin have been used in this fashion, the hydrochloride and the phosphate. We wanted to find out if these were equivalent in suppressing *P. acnes*. Also, it is a live issue whether dermatologists should forego extemporaneous compounding now that a proprietary topical (Cleocin T by Upjohn) has appeared.

In Stoughton's 1979 survey, about 75% of dermatologists were prescribing topical clindamycin, mainly prepared by local pharmacists, usually in hydro-alcoholic liquid vehicles. The principal drug was clindamycin hydrochloride, available in oral capsules as Cleocin HCl. The capsules are simply emptied into the vehicles and filtered. Clindamycin phosphate, derived from ampules for intravenous administration, was more expensive and far less popular.

A recent cooperative study by 11 institutions found 1% clindamycin hydrochloride in a hydro-alcoholic vehicle to be equivalent to 1% clindamycin phosphate in the same vehicle. Cleocin T contains clindamycin phosphate as the active drug.<sup>7</sup>

It is thoroughly appreciated that the bioavailability of topical drugs is strongly influenced by the vehicle. For extemporaneous compounding, hydro-alcoholic vehicles seem to possess the greatest advantages. Three of these were evaluated by Stoughton and Aly in a mouse skin model of penetration, with erythromycin as the test drug.<sup>8</sup> Vehicle N, containing 47.5% ethyl alcohol, was superior to the other two, the differences being even more pronounced at lower concentrations. Vehicle N comes in a plastic bottle with a dab-on applicator that has a built-in filter to remove particulate material.

We thought it would be interesting to compare 1% clindamycin hydrochloride in Vehicle N to 1% clindamycin phosphate in Cleocin T. We did not do a clinical study. Instead, we centered on objective criteria of antibiotic efficacy; namely, the capacity to reduce *P. acnes* and free fatty acids in the surface lipids. We believe that the effects on these two parameters correlate well with clinical efficacy.

## Materials and Methods

**Subjects.** These were paid volunteers. There were 2 groups of 10 each of healthy college men students with prominent facial porphyrin fluorescence, along with oiliness. These features signify high densities of *P. acnes*.<sup>9</sup> None had ever suffered acne.

**Drugs.** Cleocin T was purchased. Clindamycin hydrochloride was prepared in Vehicle N from Cleocin HCl capsules. The formulations were applied twice daily by a trained technician for 6 weeks. The concentration of each was 1%.

**Qualitative microbiology: *P. acnes*.** The surface of the forehead was wiped with gauze soaked in 0.1% Triton X-100 for 30 seconds and then with water. Gauze soaked in hexane was rubbed over the skin for an additional 30 seconds. The site was then protected by a clear, perforated plastic weighing boat, taped to the skin. The subjects rested quietly for 1 hour. Then, the surface was scrubbed with 0.1% aqueous Tween 80 in a glass cup (3.8 sq. cm), following our standard procedure for quantifying *P. acnes*. The collection fluid was diluted in 10-fold steps in 0.05% buffered Tween 80, plated on brain-heart infusion agar and cultured anaerobically for 7 days.<sup>10, 11</sup>

**Lipid measurements: free fatty acids.** The surface of the forehead was wiped for 30 seconds with gauze soaked with 0.1% Triton X-100 to remove bacteria and debris, and then wiped with water. The surface was then defatted by a 30-second wiping with hexane-soaked gauze and protected by a boat as above. One hour later, 2 ml of hexane was placed in the glass cup and the surface scrubbed for 30 seconds. The solution was filtered, placed in an air-tight vial and frozen until thin-layer chromatography could be performed.<sup>12, 13</sup> The results were expressed as

\* Duhring Laboratories, Department of Dermatology, University of Pennsylvania, and The Simon Greenberg Foundation Philadelphia, Pennsylvania



TABLE 1  
*Propionibacterium acnes* (log/cm<sup>2</sup>) with therapy

Material:	0	2	4	6	7
Cleocin-T					
Geometric Mean					
and S.D.	5.9019 ± 0.3453	5.5815 ± 0.4874	5.0873 ± 0.5155	5.0677 ± 0.4552	5.7713 ± 0.4007
*p		NS	0.01	0.01	NS
Clindamycin HCl (1%) in Vehicle N					
Geometric Mean					
and S.D.	6.3528 ± 0.4832	5.4177 ± 0.7256	4.5153 ± 0.8630	4.1110 ± 1.2534	5.7574 ± 0.4496
*p		0.01	0.001	0.0001	0.02

\*p = unpaired students' t-test

TABLE 2  
Free Fatty Acid/Triglyceride Ratio with Therapy

Material:	0	2	4	6	7
Cleocin-T					
Mean and Standard					
Deviation	0.09 ± 0.26	0.66 ± 0.28	0.51 ± 0.25	0.45 ± 0.24	0.89 ± 0.33
*p		NS	0.01	0.01	NS
Clindamycin HCl 1% in Vehicle N					
Mean and Standard					
Deviation	1.01 ± 0.39	0.57 ± 0.26	0.30 ± 0.18	0.28 ± 0.23	0.77 ± 0.28
*p		0.02	0.001	0.001	NS

\*p = unpaired students' t-test

the ratio of free fatty acids to triglycerides.

Scheduling. Microbiologic and lipid assays were performed before treatment, and again at 2, 4, and 6 weeks, with a follow-up at 7 weeks, 1 week after stopping treatment.

Table 1 shows that both agents significantly suppressed *P. acnes*. At each sampling period, clindamycin HCl in Vehicle N seemed to have the greater effect. At the 1-week follow-up with Cleocin T, the density of *P. acnes* was not significantly

## Results

different from the pretreatment value. By contrast, there was still a significant suppression of *P. acnes* with clindamycin HCl in Vehicle N.

Table 2 shows that both agents significantly reduced the free fatty acids to triglyceride ratios. At 2, 4, and 6 weeks

# Take Charge

(with Hawaii's #1 truly automated security system.)

Now you can provide 24 hour monitoring of those high-lift prescription drug, and other medical supplies, to effectively reduce pilferage and shortage.

Our complete and easy to operate Panasonic TV video security system enables you the capabilities for not only surveying critical medical supply areas, but also your waiting and reception desk rooms. You may also monitor hospital loading docks, private patients' rooms, and Emergency and Intensive Care zones—areas where close monitoring and preparedness is critical. Discover the unique advantages of having a computer enhanced central monitoring station at your service.

These systems are designed to be so simple to use that anyone can monitor an entire operation from a single station.

Call or write today for a no obligation demonstration:



## CENTRAL SECURITY SYSTEMS

Main office and showroom  
1724 Hart Street Honolulu, Hawaii  
841-3362

Now serving with pride some of Hawaii's finest institutions.



## YOUR PATIENT HAS PLAYED HOST LONG ENOUGH.

When your patient is fed up with playing host to a dermatophyte, prescribe GRISACTIN® Ultra. Often just one small 250 mg tablet a day can

clear up stubborn *Tinea pedis*, *Tinea cruris*, *Tinea corporis* and onychomycosis caused by any of 14 common fungi.

Please see next page for Brief Summary of Prescribing Information

BIOAVAILABLE...CONVENIENT...ECONOMICAL

**Grisactin® Ultra**  
GRISEOFULVIN ULTRAMICROSIZED  
125, 250 MG TABLETS



# BRIEF SUMMARY

(For full prescribing information, see package circular)

## GRISACTIN® Ultra

Brand of griseofulvin ultramicrosize

A Fungistatic Antibiotic

**INDICATIONS:** Griseofulvin is indicated for the treatment of ringworm infections of the skin, hair, and nails, namely *Tinea corporis*, *Tinea pedis*, *Tinea cruris*, *Tinea barbae*, *Tinea capitis*, *Tinea unguium* (onychomycosis) when caused by one or more of the following genera of fungi: *Trichophyton rubrum*, *Trichophyton tonsurans*, *Trichophyton mentagrophytes*, *Trichophyton interdigitalis*, *Trichophyton verrucosum*, *Trichophyton megnini*, *Trichophyton gallinae*, *Trichophyton crateriform*, *Trichophyton sulphureum*, *Trichophyton schoenleinii*, *Microsporum audouinii*, *Microsporum canis*, *Microsporum gypseum*, *Epidermophyton floccosum*

**NOTE:** Prior to therapy, the type of fungi responsible for the infection should be identified

The use of this drug is not justified in minor or trivial infections which will respond to topical agents alone

Griseofulvin is not effective in the following: Bacterial infections, Candidiasis (Moniliasis), Histoplasmosis, Actinomycosis, Sporotrichosis, Chromoblastomycosis, Coccidioidomycosis, North American Blastomycosis, Cryptococcosis (Torulosis), *Tinea versicolor*, Nocardiosis

**CONTRAINDICATIONS:** This drug is contraindicated in patients with porphyria, hepatocellular failure, and in individuals with a history of hypersensitivity to griseofulvin

**WARNINGS:** Prophylactic Usage: Safety and efficacy of griseofulvin for prophylaxis of fungal infections has not been established

**Animal Toxicology:** Chronic feeding of griseofulvin, at levels ranging from 0.5-2.5% of the diet, resulted in the development of liver tumors in several strains of mice, particularly males. Smaller particle sizes result in an enhanced effect. Lower oral dosage levels have not been tested. Subcutaneous administration of relatively small doses of griseofulvin, once a week, during the first three weeks of life has also been reported to induce hepatomata in mice. Although studies in other animal species have not yielded evidence of tumorigenicity, these studies were not of adequate design to form a basis for conclusions in this regard

In subacute toxicity studies, orally administered griseofulvin produced hepatocellular necrosis in mice, but this has not been seen in other species. Disturbances in porphyrin metabolism have been reported in griseofulvin-treated laboratory animals. Griseofulvin has been reported to have a colchicine-like effect on mitosis and cocarcinogenicity with methylcholanthrene in cutaneous tumor induction in laboratory animals.

**Usage in Pregnancy:** The safety of this drug during pregnancy has not been established

**Animal Reproduction Studies:** It has been reported in the literature that griseofulvin was found to be embryotoxic and teratogenic on oral administration to pregnant rats. Pups with abnormalities have been reported in the litters of a few bitches treated with griseofulvin. Additional animal reproduction studies are in progress

Suppression of spermatogenesis has been reported to occur in rats, but investigation in man failed to confirm this

**PRECAUTIONS:** Patients on prolonged therapy with any potent medication should be under close observation. Periodic monitoring of organ system function, including renal, hepatic, and hematopoietic, should be done

Since griseofulvin is derived from species of *Penicillium*, the possibility of cross-sensitivity with penicillin exists; however, known penicillin-sensitive patients have been treated without difficulty

Since a photosensitivity reaction is occasionally associated with griseofulvin therapy, patients should be warned to avoid exposure to intense natural or artificial sunlight. Should a photosensitivity reaction occur, lupus erythematosus may be aggravated

Griseofulvin decreases the activity of warfarin-type anticoagulants so that patients receiving these drugs concomitantly may require dosage adjustment of the anticoagulant during and after griseofulvin therapy

Barbiturates usually depress griseofulvin activity and concomitant administration may require a dosage adjustment of the antifungal agent

Griseofulvin may augment or potentiate the effects of alcohol

**ADVERSE REACTIONS:** When adverse reactions occur, they are most commonly of the hypersensitivity type such as skin rashes, urticaria, and rarely, angioneurotic edema, and may necessitate withdrawal of therapy and appropriate countermeasures. Paresthesias of the hands and feet have been reported rarely after extended therapy. Other side effects reported occasionally are oral thrush, nausea, vomiting, epigastric distress, diarrhea, headache, fatigue, dizziness, insomnia, mental confusion, and impairment of performance of routine activities

Proteinuria and leukopenia have been reported rarely. Administration of the drug should be discontinued if granulocytopenia occurs

When rare, serious reactions occur with griseofulvin, they are usually associated with high dosages, long periods of therapy, or both

**DOSAGE AND ADMINISTRATION:** Adults: 250 mg daily for most patients, and 500 mg daily in divided doses for patients with fungal infections that are more difficult to eradicate

Children: 2.5 mg per pound of body weight per day is effective for most children. Children 2 years of age and younger dosage has not been established

the results suggest that clindamycin HCl in Vehicle N was superior to Cleocin T.

## Discussion

Our findings indicate that clindamycin HCl in Vehicle N is probably more efficacious than Cleocin T in reducing *P. acnes* and free fatty acids. One cannot conclude that the same superiority would become evident in a clinical study, though we suspect as much.

These results pose a practical question. Should one rely entirely on Cleocin T, an FDA-approved drug, or is extemporaneous compounding in Vehicle N a valid option?

In Stoughton's 1979 survey, more than half the physicians thought that extemporaneous clindamycin, predominantly the hydrochloride, "was equal to or better than oral tetracycline in the management of acne vulgaris."<sup>5</sup> The validity of this remains to be established by clinical trials, though Stoughton did show that 1% clindamycin phosphate was the equivalent of 500 mg of tetracycline orally in a double-blind study of 50 patients.<sup>14</sup>

We cannot say why Upjohn chose the phosphate over the hydrochloride. The following considerations may have some relevance. Becker et al. quote material on file with the Upjohn Co. that "1% clindamycin phosphate is more poorly absorbed percutaneously than 1% clindamycin hydrochloride."<sup>7</sup> If so, the HCl might be superior, as our results suggest. On the other hand, Becker et al. are quick to point out that the risk of diarrhea might be less with the more poorly absorbed phosphate.<sup>7</sup>

All estimates of the prevalence of uncomplicated diarrhea, a very common symptom, are questionable. The diarrhea, assuming it to be drug-related, is

mild and reversible. Stoughton estimates it to be of the order of 1:12,000.<sup>5</sup> Becker states that the Upjohn Co. has received 2 reports of pseudomembranous colitis from extemporaneous clindamycin HCl.<sup>7</sup> The literature contains 1 convincing report of colitis from extemporaneous clindamycin.<sup>15</sup> This must be exceedingly rare. Algra et al. could not detect clindamycin in the blood of acne patients treated with topical clindamycin.<sup>16</sup>

Clinical studies suggest that the oral dose of clindamycin HCl has to exceed 200 mg daily to induce pseudomembranous colitis. According to Stoughton, not more than 10% of topical clindamycin HCl is absorbed.<sup>5</sup> If an acne patient applied liberal amounts to the face and trunk, the maximum amount absorbed would be about 20 mg, a tenth that of the putative threshold dose for pseudomembranous colitis. In any case, adequate therapy is available in the form of vancomycin. We think that the threat of pseudomembranous colitis is not a compelling reason to avoid clindamycin HCl.

A good case can be made for clindamycin HCl in Vehicle N. It is stable without refrigeration for at least several months. The solution is clear, and causes no more local side effects than Cleocin T. Also, the term "extemporaneous" is not really appropriate. Vehicle N is a well-tested solution for incorporating antibiotics and is linked to a delivery system that facilitates mixing and convenient use by the patient. The probability of compounding errors is slight.

One advantage is undeniable. The cost of clindamycin in Vehicle N is appreciably less than Cleocin T. Additionally, one can control the strength at will. Evidently, many clinicians believe that 2% clindamycin HCl is superior to 1%. This requires confirmation.

## REFERENCES

- Fulton JE Jr., Pablo G: Topical antibacterial therapy for acne: Study of the family of erythromycins. *Arch. Dermatol.* 110:83-86, 1974.
- Mills OH, Kligman AM, Stewart R: The clinical effectiveness of topical erythromycin in acne vulgaris. *Cutis* 15:93-96, 1975.
- Blaney DJ, Cook CH: Topical use of tetracycline in the treatment of acne. *Arch. Dermatol.* 112:971, 1976.
- Frank SB: Topical treatment of acne with a tetracycline preparation: Results of a multi-group study. *Cutis* 17:539-545, 1976.
- Stoughton RB: Topical antibiotics for acne vulgaris (Special Review.) *Arch. Dermatol.* 115:486-489, 1979.
- Stoughton RB: Topical and systemic antibiotics for acne. *Intern. J. Dermatol.* 20:592-593, 1981.
- Becker LE, Bergstresser PR, Whiting DA, Clendenning WE, Dobson RL, Jordan WP, Abell E, LeZotte LA, Pochi PE, Shupak JL, Sigafos RB, Stoughton RB, Voorhees JJ: Topical clindamycin therapy for acne vulgaris. A cooperative clinical study. *Arch. Dermatol.* 117:482-485, 1981.
- Stoughton RB, Aly R: Topical antibiotic therapy of acne. Laboratory investigation of vehicles, various antibiotics and stability characteristics. *Cutis* 25:216-219, 1980.
- McGinley KJ, Webster GF, Leyden JJ: Facial follicular porphyrin fluorescence: Correlation with age and density of *Propionibacterium acnes*. *Brit. J. Derm.* 102:437-441, 1980.
- Maples RR, McGinley KJ: Corynebacterium acnes and the anaerobic diphtheroids from human skin. *J. Med. Microbiol.* 7:349-357, 1974.
- McGinley KJ, Webster GF, Leyden JJ: Regional variation of cutaneous propionibacterium. *J. Appl. Env. Microbiol.* 35:62-66, 1978.
- Downing DT: Photodensitometry in the thin-layer chromatographic analysis of neutral lipids. *J. Chromato.* 38:91-99, 1968.
- McGinley KJ, Webster GF, Ruggieri MR, Leyden JJ: Regional variations in density of cutaneous propionibacteria: Correlation of *Propionibacterium acnes* population with sebaceous secretion. *J. Clin. Microbiol.* 12:672-675, 1980.
- Stoughton RB, Cornell RC, Gange RW, Walter JF: Double-blind comparison of topical 1 percent clindamycin (Cleocin T) and oral tetracycline 500 mg/day in the treatment of acne vulgaris. *Cutis* 26:424, 1980.
- Milstone EB, McDonald AJ, Scholhamer CF: Pseudomembranous colitis after topical application of clindamycin. *Arch. Dermatol.* 117:154-155, 1981.
- Algra RJ, Rosen T, Waisman M: Topical clindamycin in acne vulgaris. Safety and stability. *Arch. Dermatol.* 113:1390-1391, 1977.



# Corticosteroid Therapy of Zoster: Oral vs. Sublesional Injection

Ervin Epstein, M.D.,\* Oakland

• *The therapeutic benefits of oral administration of triamcinolone or prednisolone are compared to those of sublesional injection of triamcinolone compounds. Considering all, the sublesional injection of triamcinolone appears to confer superior benefits, compared to the oral administration of these agents.*

Recently, a 56-year-old woman presented with a severe eruption of herpes zoster of the right 5th thoracic nerve of a week's duration. She had previously consulted 2 other physicians who informed her that there was no treatment for "shingles" and that she "would just have to tough it out." In addition to the suffering and the increased risk of a post-zoster neuralgia, she had paid in advance for a 2-week vacation in Arizona; the money was not refundable. She was scheduled to leave the next morning. Three daily sublesional injections of triamcinolone permitted her to enjoy her trip.

The treatment of this very painful condition is not hopeless. A great deal can be done for sufferers. There are available at least 2 successful treatments for this disease, utilizing corticoids. Failure to recognize this simple fact can lead to unpleasant medicolegal complications.

The evaluation of therapeutic modalities recommended for the control of herpes zoster is difficult, since this is a self-limited disease. However, there are 2 parameters by which results can be judged—the time and amount of treatment required to control the eruption and the pain, and, secondly, the incidence of post-zoster neuralgia following therapy. In considering articles published on this subject, the critical reader will examine additional factors: the dosage of drug employed and possible hazards resulting from its use; the number of patients treated and, hopefully, the presentation of controls, and the length of time the study includes, since post-zoster neuralgia does not always follow immediately on the clearance of the acute manifestations of zoster.

The most widely recommended treatment by dermatologists is the early employment of oral corticosteroids. In this communication, the reported evidence to support this usage will be reviewed and compared with the sublesional injection of a corticosteroid preparation, triam-

cinolone salts. The acceptance of oral corticosteroids is based on the work of Eaglstein et al.<sup>1</sup> and of Keczkes and Basheer.<sup>2</sup>

In previous articles, the author has reported results with the sublesional injection of triamcinolone in zoster and post-zoster neuralgia.<sup>3</sup>

## Control of Lesions and Pain

Eaglstein et al. admitted that the administration of triamcinolone by their technique did not accelerate the healing of the lesions or the alleviation of the pain. Keczkes and his co-worker, on the other hand, felt that the oral administration of prednisolone shortened the course of the condition, 3.65 weeks vs. 5.25 weeks. In the group treated by the sublesional injections, the patients were cured in less than four days (3.03 daily injections).

Eaglstein et al. found their regime reduced the incidence of post-zoster neuralgia to 30%, compared with their control series of 73%. Keczkes et al. found that the administration of prednisolone according to their technique resulted in 15% of the treated patients developing this unpleasant complication, while the controls suffered neuralgia in 65% of the cases. With sublesional injections, the incidence of post-zoster neuralgia was reduced to 3.4%. Table 1 compares the percentage of cases of post-zoster neuralgia in each age group in our series with those of deMoragas and Kierland<sup>4</sup> and of Burgoon and co-authors.<sup>5</sup> The former reported on a mixture of cases of post-zoster neuralgia and of zoster that proceeded to this complication while under their treatment. Burgoon et al. did not consider therapy and its effect on the incidence of this complication. Neither Eaglstein et al. nor Keczkes and Basheer divided their patients according to age, but those studied by the former were said to be 60 years of age or older and those of Keczkes were 50 years or more. A complete age picture of the cases in my series is presented in Table 2.

## Dosage

It would seem reasonable to suppose that toxicity would decrease with lower doses of the potentially hazardous thera-

TABLE 1  
Incidence of Post-Zoster Neuralgia Developing in Patients with Zoster According to Age Groups

Age in in years	deMoragas and Kierland %	Burgoon et al. %	Epstein %
Less than 20	4.2	0	0
20 to 29	1.0	0	0
30 to 39	10.1	4.0	0
40 to 49	7.4	0	0.7
50 to 59	17.7	3.0	2.2
60 to 69	36.6	10.0	1.9
70	47.5	28.0	6.6
70 to 84	25.0	38.0	
Total	—	100.0%	3.4%
No. of Cases	916	206	305

TABLE 2  
Distribution by Age Groups of Patients with Zoster Treated by Sublesional Injection of Triamcinolone

Age in years	Cases	Percent
0 to 20	9	2.5
21 to 30	40	11.4
31 to 40	14	4.0
41 to 50	38	10.8
51 to 60	58	16.6
61 to 70	99	28.3
71 to 80	53	15.1
81 to 90	34	9.7
91+	5	1.4*

\* Includes 2 patients over 100 years old, neither of whom developed post-zoster neuralgia.

\*Associate Clinical Professor of Dermatology, University of California Medical School, San Francisco





*Congratulations and Best Wishes  
to  
Harry L. Arnold, Jr., M.D.*



1952

*With Warm Aloha and Appreciation  
from*

**THE QUEEN'S MEDICAL CENTER**

Founded by King Kamehameho IV and Queen Emma

1301 Punchbowl Street • P.O. Box 861 • Honolulu, Hawaii 96808 • Phone (808) 538-9011

# Congratulations

**HARRY ARNOLD, MD**



**SCHUMAN CARRIAGE CO.**

1234 BERETANIA ST. HONOLULU, HAWAII

**CADILLAC • BUICK • SUBARU**



TO  
**Dr. Harry L. Arnold, Jr.**  
**CONGRATULATIONS**  
*for excellence in*  
**40 YEARS**  
*of all your accomplishments*

from  
**The Filing Systems People**

**TAB**

**TAB PRODUCTS OF HAWAII, INC.**  
 875 Waimanu Street, Suite 607  
 Honolulu, Hawaii 96813—538-3624

peutic agents. Therefore, it is of interest that Eaglstein et al. recommended a total dosage of 618 mg of triamcinolone, administered over a period of 3 weeks. Keczkcs and Basheer administered 40 mg of prednisolone a day for 10 days and then gradually reduced this dose to zero in 3 weeks. Even counting their first 10 days only, their dosage was 400 mg. With the sublesional injections of triamcinolone, a dose of up to 60 mg a day was recommended. A review of the cases treated revealed that the average total dose received by the patients was only 130 mg, about 20% of Eaglstein's dose. Since the drugs were administered subcutaneously in my series and consisted of slowly absorbed slow-acting agents, the amount absorbed daily must have been less than if the 130 mg had been consumed daily.

#### Number of Cases

Eaglstein et al. treated 10 hospitalized patients and 15 controls. Keczkcs and Basheer studied 20 patients plus 20 controls. Nuss<sup>6</sup> stated confidently that the oral use of corticosteroids is the treatment of choice in zoster, but offered no figures to lend credence to his sweeping recommendation. My series of zoster treated by the subcutaneous injection of triamcinolone now numbers 350, plus 150 instances of post-zoster neuralgia, a separate group managed by the identical technique.

#### Duration of Studies

Keczkcs and Basheer stated that their patients have been followed for 2 years. Eaglstein's study covered 3 years. The sublesional injections have been utilized in the office of the author for 13 years. However, it must be admitted that follow-ups of one year or more are probably adequate.

#### Conclusion

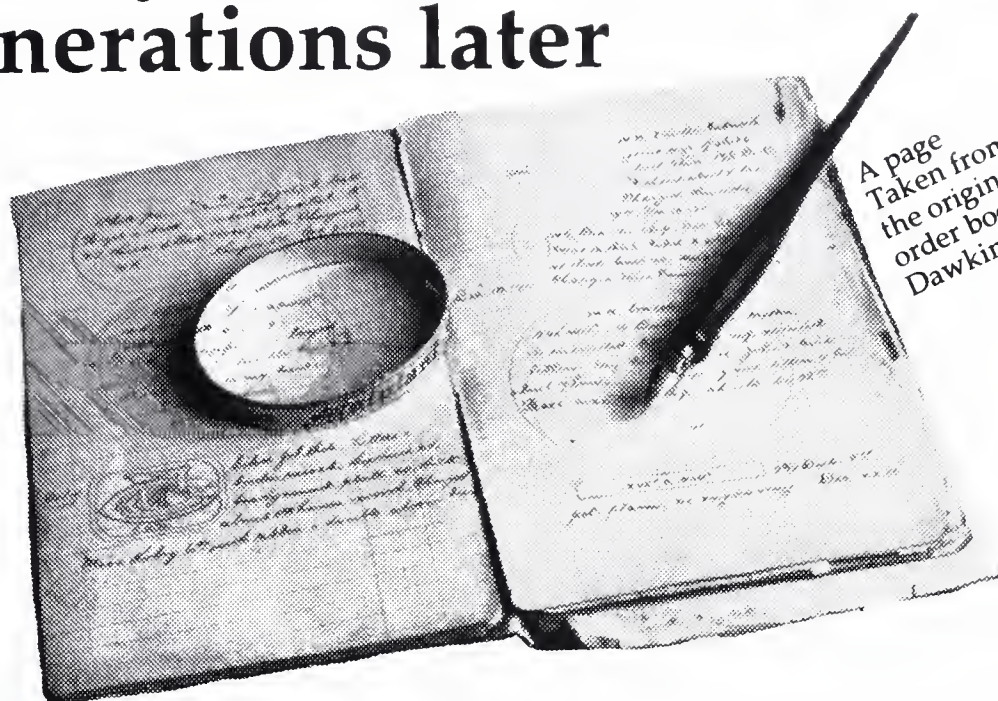
From the information presented herein, it is suggested that the treatment of zoster by the sublesional injection of triamcinolone is superior to the oral administration of triamcinolone or prednisolone.

#### REFERENCES

1. Eaglstein WH, Katz R, Brown JA: The effects of early corticosteroid therapy on the skin eruption and pain of herpes zoster. *JAMA* 211:1681, 1970.
2. Keczkcs K, Basheer AM: Do corticosteroids prevent post-herpetic neuralgia? *Brit. J. Dermat.* 102:551, 1980.
3. Epstein E: Treatment of herpes zoster and post-zoster neuralgia by the subcutaneous injection of triamcinolone. *Internat. J. Dermat.* 20:65 January-February 1981.
4. de Moragas JM, Kierland RR: The outcome of patients with herpes zoster. *AMA Arch. Dermat.* 75:193, 1957.
5. Burgoon JF Jr., Burgoon JS, Baldrige CD: Natural history of herpes zoster. *JAMA* 164:265, 1957.
6. Nuss DD: Herpes zoster: treatment with high dose prednisone. *Bull. Military Dermat.* 5:13, 1979.



# For 107 years . . . 4 Generations later



A page  
Taken from  
the original  
order book at  
Dawkins Benny.

**Hawaiian Jewelry is your Heritage . . .  
Quality, Craftsmanship and Pride is ours.**



See our very special selection of Elegant Custom Designed Jewelry—South Sea Pearls, Colored Stones, Diamonds and others.

## *Hildgund*

at dawkins benny inc.

Windward Mall  
235-5120

Downtown  
536-8778

Waikiki  
922-1988

Our congratulations to Dr. Harry L. Arnold, Jr. on the occasion of his 40th year as Editor of the Hawaii Medical Journal.



# Harry L. Arnold Jr.—as some of us know him

Fred I. Gilbert Jr., M.D., Honolulu

Harry L. Arnold Jr., M.D. (A2), physician, editor, author, partner and friend for more than a quarter century, has more of the ingredients that go into making a complete physician than almost anyone I have known. The son and grandson of physicians of German-American heritage, he has served as editor of the HAWAII MEDICAL JOURNAL for longer than most physicians practice medicine. He has also served as editor and member of editorial boards of many other medical journals, co-authored the most authoritative present text on dermatology, written a monograph on leprosy, contributed to numerous texts, and written approximately 200 medical articles (plus a host of non-medical articles).

All of this suggests that he has been a full-time academician and writer. As a matter of fact, he has been and continues to be very much a full-time practitioner of dermatology, with a heavy schedule of patients in his office and consultations in the hospital.

He shared with his father, Harry L. Arnold Sr. (A1), a love of knowledge for its own sake, and the ability to express his understanding of a medical problem or any problem as honestly and precisely as possible. Neither Arnold ever lost the excitement of discovering a new truth or the satisfaction in sharing a new discovery with friends and associates.

His enjoyment in creating and consuming the written language has been evident to everyone who has known him. In the basement library of the old Straub Clinic building at Hotel Street and Ward Avenue, Harry would sit down for lunch with the rest of us. Often he would finish reading an article at lunchtime, turning the pages with his right hand as he reached into his brown paper bag with his left. Usually, before finishing his article, the left hand would search the bottom of the bag and finding nothing more, a small part of his brain would realize that lunch was over. The greater part of his cerebrum would continue to read on. I observed this many times and finally, immediately after he finished lunch, I could not resist asking him, "Harry, what did you have for lunch?" Harry looked up, then looked back into his now empty bag for an answer. Finding none, he laughed at the unanswerable question and went on reading.

His personally typed case histories are a refreshing contrast to the repetitious, unoriginal, "well-developed, well-nourished" etc., that convey faceless images that could never be identified from their medical histories. Harry's patients are real people, identified by lively and accurate descriptions. "A sweaty bull of a man . . ." "A painfully shy, attractive young woman . . ."

Unlike many who enjoy good writing primarily as a chance to retreat from the uncomfortable realities about them, Harry is a literary activist. On one occasion, I had just finished reading an article in a medical journal which had arrived by boat that day. I was a bit angered by the errors in the article and, at a break in my appointments, walked down the hall to ask Harry if he had had a chance to read it and, if so, what he thought of it. As I entered his office, he completed a staccato burst of activity on his typewriter, pulled the typed sheet from the carriage with the exclamation, "Read this!" He had not only read the article, but had written a letter to the author pointing out exactly where he had gone astray.

What have other physicians thought about Harry? Members of the Honolulu County Medical Society and Hawaii Medical Association thought well enough of him to elect him their president. In his own field of dermatology, his peers elected him to the presidency of both the American Academy of Dermatology and Syphilology and the American Dermatological Association. His international stature is reflected as a Fellow in the Royal Society

of Medicine and membership in numerous dermatology associations in South America and Africa.

After completing his training at the University of Michigan, he gave no serious thought to doing anything but returning to Honolulu to practice at "The Clinic," as the Straub organization was known. His contemporaries (now all retired), who were practicing at that time at the clinic, have described some of the facets of his professional skills and personality. Dr. Bill Hartwell, cardiologist: "First and foremost, Harry is a gentleman. We have all shared in his generous giving of himself, both as a person of great integrity and as a man of medicine of the first rank." Dr. Rod West, obstetrician/gynecologist: "Whatever he has done, he has always added to the stature and prestige of Straub Clinic." Dr. Stewart Doolittle, internist, saw in Harry Jr. reflections of his father, whom he knew very well, and of his grandfather, whom he met in Michigan. "All were kindly, keen, highly respected practitioners of medicine. But Harry Jr. has carried this fine heritage still further in his own development." Dr. Pat Burgess, surgeon: "He has such a marvelous faculty for expressing himself and his ideas in a few words." Dr. Jim Cherry, surgeon: "Dr. Arnold not only added a prestigious aura to Straub, but he has done a prodigious amount of clinical work—caring for an unbelievable number of patients . . ."

Young physicians who joined Straub in more recent years noted some of the same qualities. Dr. Bob Kim, dermatologist, noted him to be ". . . considerate, generous, witty, fantastically punctual, super-efficient, and kind." And Dr. Allan Izumi, formerly at Straub and now at the Queen's Physicians' Office Building, thought so well of him that he asked Harry to join his office in the practice of dermatology after his retirement from Straub.

Throughout all his years at Straub, Harry was editor of the *Straub Clinic Proceedings* and, with gentle proddings and reminders, managed to produce monthly issues when the clinic had only 14 or so physicians.

(Even as I write this, I find it difficult not to drop by Harry's office and say, "I've just finished writing something and the words don't quite convey what I want them to—would you mind looking it over and edit it as you see fit?")

Harry exhibits other seeming paradoxes common to that small band of truly free-thinking, honest men. Excepting an injustice that is so obvious that everyone recognizes it, it is difficult to know where Harry stands on an issue unless you read his comments or talk with him about it. He really wants facts before making a decision about any issue. This often upsets his liberal or conservative friends who expect him to rally to their cause without knowing the facts of the underlying issue.

The artifacts about his office, photos of old professors and framed documents, testify to his respect and regard for his predecessors in medicine. His daily intellectual pursuits, with the need to understand and communicate new knowledge, are indicative of the sense of responsibility he has to patients and physicians of today and of the future.

It would be incomplete to describe Harry L. Arnold Jr. without observing the happy balance that his wife, Jeanne, and their children have brought into his life. Jeanne's light touch and good sense of humor, along with their obvious love for one another, contribute in no small way to easing the occasional misfortunes that every mortal experiences at various times in life.

Perhaps some day, with a little genetic tinkering, more of us might possess some of those good qualities that Harry L. Arnold Jr. brings to medicine and all of us who know him.



# BEST WISHES

 Pharmaceuticals

Pfizer Laboratories Division

Roerig Division

Pfipharmecs Division

# Organoid Nevus— A Potential Premalignant Lesion

Allan K. Izumi, M.D.,\* Honolulu

• *Organoid nevi are relatively common tumors with a premalignant potential, most commonly noted on the scalp of an infant as a bald spot. The biologic behavior of organoid nevi is usually benign and nonaggressive, with the development of a variety of tumors, most notably basal cell cancers and apocrine tumors. Rarely organoid nevi may develop aggressive tumors that are capable of metastasizing. A series of 23 cases of organoid nevi, with the development of 7 tumors, is described.*

In 1895, Jadassohn<sup>1</sup> introduced the concept of an "organ-naevus" (organoid nevus) to define a congenital localized skin lesion characterized histologically by an excess of sebaceous glands and other skin constituents, and to conceptually differentiate this lesion from ordinary pigmented nevi. As an example, he described a "Talgdrusen-naevus" (sebaceous gland nevus) from a linear systematized nevus of the leg, histologically designated a "nevus" because of the excessive number and unusual location of the sebaceous glands. Wolters<sup>2</sup> was the first to describe 4 cases of sebaceous gland nevi on the scalp; he felt these represented benign growths arising primarily from sebaceous glands.

Robinson<sup>3</sup> introduced the term "nevus sebaceous of Jadassohn" into the American literature with a description of 4 cases, one of which developed a basal cell cancer within the nevus. Mehregan and Pinkus<sup>4</sup> defined the clinicopathology and biologic behavior of organoid nevi in a review of 150 cases, emphasizing the development of a wide spectrum of benign and malignant biologically non-aggressive tumors.

We have collected 23 cases of organoid nevi, with the development of 7 tumors, over the last decade. These cases were clinically and histologically diagnosed, with 14 present on the scalp, 4 each on the temple and post-auricular regions, and 1 on the cheek. All had been present since birth. Of the 23 organoid nevi, 7 were clinically linear (all post-auricular lesions were linear); the remainder were oval or round. The average size of a lesion was 2 x 3 cm, while linear lesions averaged 0.5 x 5 cm. The ages at which patients presented with their tumors ranged from 8 months to 78 years, with a median age of 22 years. Seven non-aggressive tumors were present in 23 organoid nevi: 5 basal cell cancers and 2 of syringocystadenoma papilliferum. All organoid nevi were completely excised and closed primarily surgically.

Mehregan<sup>4</sup> and Jones<sup>5</sup> each reported a large series, 150 and 140 cases, respectively, and clearly delineated the clinical, histological, and biological behavior of organoid nevi. All of the lesions were solitary. The majority (79%) of the lesions were present at birth or noted early in childhood. About 69% of the organoid nevi were present on the scalp or post-auricular area, 23% on the face, and the remainder scattered on the neck, trunk, and extremities.

Mehregan<sup>4</sup> divided the biologic history of organoid nevi into 3 distinct stages: the first stage is classically present at birth or early infancy, clinically as a 2-3 cm oval or round yellowish bald spot on the scalp. Occasionally, lesions are linear, particularly in the post-auricular region. Histologically, the lesion is characterized by a relative absence of hair follicles and sebaceous glands, often accompanied by a mild verrucous epithelial hyperplasia.

The second stage evolves at puberty, clinically noted by an accentuation of the verrucous surface and histologically by the development of numerous succulent sebaceous glands.

The third stage is variable, and is clinically noted by the development of a wide variety of non-aggressive epithelial and adnexal tumors, most commonly a basal cell cancer or syringocystadenoma papilliferum.

The essence of Mehregan's<sup>4</sup> and Jones's<sup>5</sup> reports was to emphasize the spectrum of secondary tumor development occurring in organoid nevi, respec-

tively recorded at 37% and 46%. Collectively, basal cell carcinoma or "basaloid" proliferation was the most common secondary tumor development (20%) and syringocystadenoma papilliferum, an apocrine benign tumor, the next most common (12%). A wide variety of other benign epithelial and adnexal tumors were also reported, including hidradenomas, syringomas, apocrine cystadenomas, infundibulomas, sebaceous epitheliomas, and keratoacanthomas.

The biologic behavior of secondary tumors arising from organoid nevi is usually benign or non-aggressive. However, Domingo<sup>6</sup> recently reported 9 biologically aggressive tumors that arose in organoid nevi, including 4 apocrine carcinomas, 3 adnexal carcinomas, 1 squamous cell carcinoma, and 1 complex carcinoma. Of these tumors, 3 metastasized and 3 cases ended fatally as a direct result of the carcinoma.

Organoid nevi most often will be first noted by a pediatrician or family physician as a bald spot on the scalp. Simple excision with primary closure, probably most feasible during pre-adolescence or adolescence, is curative.

## REFERENCES

1. Jadassohn J: Bemerkungen zur Histologie der systematisierten Naevi und Ueber "Talgdrusen-naevi." *Arch. Dermat. Syph.* 33:355-394, 1895.
2. Wolters M: Ueber einen Fall von Naevus epitheliomatosus sebaceus capitis. *Arch. Dermat. Syph.* 101:197-208, 1910.
3. Robinson SS: Naevus sebaceus (Jadassohn). *Arch. Dermat. Syph.* 26:663-670, 1932.
4. Mehregan AH, Pinkus H: Life history of organoid nevi—special reference to nevus sebaceus of Jadassohn. *Arch. Dermat. Syph.* 91:574-588, 1965.
5. Jones WE, Heyl T: Naevus sebaceus—a report of 140 cases with special regards to the development of secondary malignant tumors. *Brit. Jour. Derm.* 82:99-117, 1970.
6. Domingo J, Helwig EG: Malignant neoplasms associated with nevus sebaceus of Jadassohn. *Jour. Amer. Acad. Derm.* 1:545-556, 1979.

TABLE 1

Patient	Age	Size	Location	Duration	Pathology
1. C.M.	61	2x3cm	temple	Birth	ON, BCC, SCP
2. M.C.	11	2x3	scalp	"	ON
3. R.G.	11	1x2	scalp	"	ON
4. B.D.	13	0.5x5	post-auricular	"	ON
5. R.A.	22	1x2	scalp	"	ON
6. A.C.	33	1x2	temple	"	ON
7. S.F.	53	2x2	temple	"	ON, BCC
8. M.F.	48	2x2.5	temple	"	ON
9. H.Z.	19	1x1.5	scalp	"	ON
10. J.I.	17	2x2.5	scalp	"	ON
11. A.S.	23	1x3	scalp	"	ON
12. C.L.	13	2x3	scalp	"	ON, BCC
13. D.K.	1	1x2	scalp	"	ON
14. N.I.	10	2x3	scalp	"	ON
15. J.M.	20	2x3	scalp	"	ON
16. S.N.	17	3x4	scalp	"	ON
17. L.F.	72	1x2	cheek	"	ON, BCC
18. C.M.	15	2x3	scalp	"	ON
19. J.T.	30	0.5x4	post-auricular	"	ON
20. M.K.	27	1x2	scalp	"	ON, SCP
21. V.A.	25	0.5x6	post-auricular	"	ON
22. Y.O.	78	2x3	scalp	"	ON, BCC
23. M.A.	26	0.5x5	post-auricular	"	ON

ON—Organoid nevus

BCC—Basal cell carcinoma

SCP—Syringocystadenoma papilliferum

\*Associate Professor of Medicine, Division of Dermatology, University of Hawaii John A. Burns School of Medicine



# Where doctors get the BEST ADVICE\*

## NEW MEDICAL REFERENCES

### Domonkos, Arnold & Odom ANDREWS' DISEASES OF THE SKIN 7th Edition

The finest, most practical clinical book on diseases of the skin and their management is now revised and updated, containing many new illustrations, emphasizing immunology, photosensitivity, lupus, and skin signs of systemic disease.

By the late *Anthony N. Domonkos, MD*; *Harry L. Arnold Jr., MD*, Straub Clinic and Hospital (Emeritus), Honolulu; Clinical Prof. of Medicine (Derm.) *John A. Burns School of Medicine*, University of Hawaii; and *Richard B. Odom, MD*, Colonel, Medical Corps, Chief of Dermatology, Letterman Army Medical Center, San Francisco. 1,108 pp., 1,268 illus. Jan. 1982. \$58.00. #3138-X.

### Smith & Wyngaarden REVIEW OF GENERAL INTERNAL MEDICINE: A Self Assessment Manual 2nd Edition

Revised to accompany the new edition of the *Cecil TEXTBOOK OF MEDICINE*! It features a practical, multiple-choice, question-and-answer format with explanations and rationales; it's an outstanding aid for recertification study.

By *Lloyd H. Smith* and *James B. Wyngaarden*, 296 pp., illustd. May 1982. \$19.50. #8429-7.

### Wyngaarden & Smith Cecil TEXTBOOK OF MEDICINE 16th Edition

Spanning virtually every phase of internal medicine, this internationally respected classic contains practical, therapeutic information on almost every known disease entity. 40% of the contributors are new to this edition, which features signs and symptoms, diagnostic procedures and differential diagnostic data.

Edited and with contributions by *James B. Wyngaarden, MD*, Frederic M. Hanes Prof. and Chairman, Dept. of Medicine, Duke Univ. Medical Center; and *Lloyd H. Smith, Jr., MD*, Prof. and Chairman, Dept. of Medicine, Univ. of California, San Francisco. 2,352 pp., 518 illus. (including 15 in color). May 1982. Single volume \$65.00. #9618-X. 2-vol. set, \$75.00. #9621-X.

### Smith RECOGNIZABLE PATTERNS OF HUMAN MALFORMATION 3rd Edition (Major Problems in Clinical Pediatrics, Vol. 7)

The most comprehensive presentation of the spectrum of human malformations, covering everything from recognition through prognosis. All information in this popular book on congenital defects has been updated in this new edition.

By the late *David W. Smith, MD*. With the assistance of *Kenneth Lyons Jones, MD*. 653 pp., 1,168 illus. March 1982. \$39.50. #8381-9. Still available—Dr. Smith's *RECOGNIZABLE PATTERNS OF HUMAN DEFORMATION* (1981). \$22.50. #8401-7.

### Braverman SKIN SIGNS OF SYSTEMIC DISEASE 2nd Edition

Totally revised and liberally illustrated, this popular book incorporates all the latest information about known diseases, and all the known information about new diseases. There is a great deal of current material on immunological mechanisms and pathophysiology; two entirely new chapters are devoted to infectious disease and pregnancy, and the menstrual cycle.

By *Irwin M. Braverman, MD*, Prof. of Dermatology, Yale Univ. School of Medicine. 965 pp., 735 illus. (246 in color). Aug. 1981. \$75.00. #1927-4.



### Hurwitz CLINICAL PEDIATRIC DERMATOLOGY: A Textbook of Skin Disorders of Childhood and Adolescence

The first definitive reference in pediatric dermatology, it includes over 470 color illustrations. Each chapter in this book is a thorough review of one classification of skin disorders, including for each: pathogenesis, differential diagnosis, histopathology, therapy and pertinent annotated references. New and unusual disorders are discussed, as well as the more commonly known cutaneous diseases. An introduction explains terms and procedures used in dermatology for the non-specialist reader.

By *Sidney Hurwitz, MD*, Assoc. Clin. Prof. Pediatrics and Dermatology, Yale Univ. School of Medicine. 481 pp., 476 color illus. April 1981. \$75.00. #4872-X.

## W.B. Saunders\*

W. Washington Sq., Phila., PA 19105

**YES!** Please rush my copies of the books checked below. If not completely satisfied, I may return the books with the invoice within 30 days for a full refund or credit.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Domonkos, Arnold & Odom #3138-X | <input type="checkbox"/> Wyngaarden & Smith: | <input type="checkbox"/> Smith Malformation #8381-9 |
| <input type="checkbox"/> Smith & Wyngaarden #8429-7      | <input type="checkbox"/> Single vol. #9618-X | <input type="checkbox"/> Smith Deformation #8401-7  |
|  | <input type="checkbox"/> 2-vol. set #9621-X  | <input type="checkbox"/> Braverman #1927-4          |
|  |  | <input type="checkbox"/> Hurwitz #4872-X            |

- ☐ BILL ME (plus postage, handling)  
☐ CHECK ENCLOSED (save postage, handling)  
☐ CHARGE MY CREDIT CARD (save postage, handling) ☐ VISA ☐ MASTERCARD

MY CREDIT CARD # IS

EXPIRATION DATE  -  INTERBANK #

SIGNATURE

Full Name

Address

City  State  Zip

Add sales tax where applicable.  
 Prices differ outside US & are subject to change.

Hawaii Med 11 /82

Clip and mail  
this no-risk coupon today ►

# Kaposi's Sarcoma in a Homosexual Man in Hawaii

Francis J. Dann, M.D., Honolulu

• A young homosexual patient was noted to have widespread adenopathy and a lesion of Kaposi's sarcoma. Possible causes of this syndrome are discussed.

Until recently, Kaposi's sarcoma was an uncommon tumor, seen mainly in older men who presented reddish-purple, indurated nodules of the lower legs and feet. Within the last 2 years, a marked increase in the number of cases has been reported in young homosexual men. The first cases were from large metropolitan areas such as San Francisco, New York and Los Angeles, with extensive communities of "gay" men. The following case is the first described from Hawaii, a state with less than a million people.

## Case Report

**Clinical features:** A 29-year-old flight attendant was seen in January 1982 with a history of urticaria, possibly sun-related. This had been an intermittent problem for over a year. The patient also inquired about reddish nodules on the left upper inner thigh: 2 red, indurated plaques about 5 x 3 mm. A biopsy revealed Kaposi's sarcoma. There was noted firm, non-tender, cervical, axillary, and inguinal adenopathy, which the patient said had been present for more than 2 years. One node had been biopsied in San Francisco and reported as "benign."

**Drugs and diseases:** The patient revealed no history of herpes simplex infections, gonorrhea, non-gonococcal urethritis, amebiasis, or venereal warts. The patient acknowledged hepatitis in 1976 (type unknown), and mentioned that the Mainland lymph node biopsy had been followed by an episode of herpes zoster with post-herpetic neuralgia.

Alcohol, marijuana, cocaine, "MDA," and volatile nitrites "poppers" were all acknowledged as having been part of the patient's drug repertoire.

Arrangements were made for the patient to be further evaluated on the Mainland but, before he left, 7 large, cauliflower-like, peri-rectal condyloma acuminata were treated.

The patient is now undergoing radiation treatment for multiple cutaneous lesions. Extensive studies have shown no apparent internal disease.

## Discussion

The first report of a surprising increase in Kaposi's sarcoma in homosexual men was made in 1981 by Dr. Friedman-Kien of New York City.<sup>1</sup> Since then, more reports of Kaposi's sarcoma, and of opportunistic and unusual infections such as *Pneumocystis carinii*, disseminated herpes simplex, cytomegalovirus, and atypical mycobacteriosis in "gay" men have appeared. Cryptococcosis, toxoplasmosis, systemic candidiasis, and nocardiosis have been seen. Many of these patients have had prior sexually transmitted diseases such as syphilis, gonorrhea, amebiasis, giardiasis, and cytomegalovirus infections. Most have used alcohol, marijuana, amyl or butyl nitrite, cocaine, and other "recreational" drugs.<sup>2, 3, 4</sup>

Immune studies have shown the absolute number and percentage of helper/inducer T-lymphocytes to be markedly decreased. However, there is no apparent defect of the humoral arm of the immune system. An increase in HLA-DR5 has been noted in both classic Kaposi's sarcoma and in the recent reports in homosexual patients.<sup>2, 3</sup> With the increasing number of such cases, their seriousness is delineated. The Center for Disease Control reports about 60% of "gay" men with Kaposi's sarcoma, *Pneumocystis*, and other infections to be seriously ill or dying as a result of inanition and an inability to mount an effective defense to these diseases.<sup>5</sup>

The cause of this epidemic is unclear. It

seems that there is an acquired disorder of immunoregulation that may be brought on by repeated infections, especially viral infections that suppress or alter the cellular arm of the immune system. Drug abuse is likely to play some role.

Recently reported is an outbreak of autoimmune thrombocytopenic purpura in 11 homosexual men.<sup>6</sup> Syndromes of persistent generalized lymphadenopathy and unusual lymphomas have also been reported.<sup>7, 8</sup>

Hawaii is a crossroads, and if Kaposi's Sarcoma is promulgated by a transmissible virus (perhaps cytomegalovirus) in conjunction with drug abuse and a weakened immune system (possibly genetic predisposition), more cases may be expected here.

Clinicians here should watch for homosexual patients (or patients who may be homosexual and are reluctant to discuss this aspect of their life) with symptoms of skin lesions: dyspnea; pneumonia that fails to resolve; generalized, unexplained, persistent adenopathy; chronic urticaria; leukocytoclastic vasculitis; weight loss; and autoimmune diseases.<sup>9</sup>

## REFERENCES

1. Friedman-Kien AE, Laubenstein L, Harmon M, et al: Kaposi's sarcoma and Pneumocystic pneumonia among homosexual men—New York and California. *Morbid. Mortal. Weekly Rep.* 30:305-308, 1981.
2. Friedman-Kien AE, Laubenstein L, Rubenstein P, et al: Disseminated Kaposi's sarcoma in homosexual men. *Ann. Int. Med.* 96:693-700, 1982.
3. Mildvan D, Usha M, Enlow R, et al: Opportunistic infections and immune deficiency in homosexual men. *Ann. Int. Med.* 96:700-704, 1982.
4. Follansbee SE, Busch DF, Wofsy CB, et al: An outbreak of *Pneumocystis carinii* pneumonia in homosexual men. *Ann. Int. Med.* 96:705-713, 1982.
5. Auerbach DM, Bennett JV, Brachman PS, et al: Epidemiologic aspects of the current outbreak of Kaposi's sarcoma and opportunistic infections. *N. Engl. J. Med.* 306:248-252, 1982.
6. Morris L, Distenfeld A, Amorosi E, et al: Autoimmune thrombocytopenic purpura in homosexual men. *Ann. Int. Med.* 96:714-717, 1982.
7. Mildvan D, Mathur U, et al: Persistent, generalized lymphadenopathy among homosexual males. *Morbid. Mortal. Weekly Rep.* 31:249-251, 1982.
8. Ziegler JL, Wagner G, et al: Diffuse, undifferentiated non-Hodgkin's lymphoma among homosexual males—United States. *Morbid. Mortal. Weekly Rep.* 31:277-279, 1982.
9. Personal observations.

## NOTICE

### Auxiliary to the Honolulu County Medical Society and Hawaii Medical Association Auxiliary—Annual Meeting

Date:	December 2
Time:	8:30 a.m. to 1:30 p.m.
Where:	Hilton Hawaiian Village, Tapa Tower
Schedule:	Annual Meeting
Program:	Medical marriages (panel discussion)
Boutique:	Bake sale, plant sale, holiday luncheon
Reservations:	Gloria Brust, 941-0145

Watch for the flyer with full details.



Dear Dr. Arnold:

Miles Pharmaceuticals is proud to commemorate your many years of service with the *Hawaii Medical Journal*.

The *Journal* must feel privileged to have had Harry L. Arnold, Jr., MD, as their "indefatigable man for all seasons" for the last 40 years and will certainly miss their Editor-in-Chief.

And for your many contributions to the field of Dermatology—the latest being your revision of the seventh edition of *Andrew's Diseases of the Skin*—congratulations and thank you.

We wish you health, happiness, and success in your future endeavors.

Sincerely,



**Miles Pharmaceuticals**

# Epidemiology in Psoriasis Research

Eugene M. Farber, M.D.,\*  
and Lexie Nall, Ph.D.† Palo Alto

*• Unraveling the questions of the etiology of psoriasis is one of the most complex problems facing investigators in the field of psoriasis research today. Within the last couple of decades, advances in our knowledge of the biochemical, immunological, and genetic aspects of this disorder have brought us closer to the cause of psoriasis, which will in turn lead to more effective modalities for its control, and possibly, one day, to its cure.*

*This paper will review the role that epidemiology plays in identifying factors that may influence the cause and course of the disease. Interest has been renewed in the interrelation of epidemiology to clinical and experimental investigations in studying dermatoses of unknown etiology.<sup>1</sup> Applications of traditional epidemiological and seroepidemiological techniques are covered, and the findings of an international cooperative study on the epidemiology of psoriasis are presented.*

Lilienthal<sup>2</sup> defines epidemiology as a method of reasoning about disease that deals with biological inferences derived from observations of disease phenomena in population groups. The most widely used current definition of epidemiology is given by MacMahon, Pugh and Ipsen:<sup>3</sup> "Epidemiology is the study of the distribution and determinants of disease frequency in man."

Epidemiology is one of the three fundamental methods of investigating a disease of unknown etiology. It interrelates with clinical and experimental investigations, but differs from other medical disciplines in one important aspect: patients are studied in their natural habitat, as members of a community and in reference to the patients' genetically determined susceptibility; and to the influence of the ecological environment and the artificial environment that man has created.<sup>4</sup>

Epidemiology was born of the study of the great epidemic diseases, e.g., bubonic plague, cholera, and smallpox, which oc-

curred in periodic waves associated with high mortality.<sup>5</sup> These traumatic events attracted the first serious efforts to explain disease occurrence.

One can only speculate on man's beliefs concerning the origins of disease in prehistoric times. Fox and his associates<sup>6</sup> describe Hippocrates (c. 460-377 B.C.) as being the father of clinical medicine and "the first epidemiologist" because of his accurate descriptions of syndromes on the basis of characteristic symptoms and findings. Hippocrates is credited with being the first individual to attempt to explain disease occurrence on a rational rather than a supernatural basis.

From the mid-15th century onward, concepts of contagion, infection, and immunity began to develop. Vital statistics known as Bills of Mortality were initiated in London in 1603. By 1629, this recording had become reasonably complete for the city of London and provided such information as name, sex, date of death, and type of illness.

The contributions of John Snow (1813-1858), who described his observations on the outbreak of cholera between 1848 and 1854, led to concepts of the nature of the cause of cholera and its modes of transmission. Later, Louis Pasteur (1822-1895) developed "the germ theory" and demonstrated that microorganisms causing fermentation were not spontaneously generated but came from similar organisms present in the air. Robert Koch (1843-1910) holds an acclaimed position in the field of epidemiology for constructing basic postulates on the causal relationship between an organism and the disease.<sup>5</sup>

Now, more epidemiological effort is being placed in the study of presumably non-infectious diseases, e.g., heart disease, diabetes, accidents, cancer of all types, and mental illness, as well as cutaneous diseases such as psoriasis. The study of epidemiology of non-infectious diseases shows relationships with corresponding clinical and experimental areas characterizing the disease and its causative factors.<sup>2</sup>

psoriasis. In the Old Testament, the term lepra included not only psoriasis, but diseases like vitiligo, ichthyosis, and elephantiasis. Galen (133-200 A.D.) introduced the word psoriasis to describe the itchiness of the disease. The first classic description of psoriasis is attributed to Robert Willan in 1801. It was not until 40 years later that Ferdinand Hebra delineated the disease in sharper focus, and laid down the basis of contemporary concepts of psoriasis.<sup>6, 7</sup>

## Data Collection

When one looks at prevalence rates in natural history data, one must assess the sampling technique employed by the investigator. The essence of reliable epidemiological findings rests upon drawing a valid sample from which accurate interpretations can be deduced.<sup>8</sup> In general, there are four methods that have been utilized in gathering statistical data on psoriasis:

First are the classic epidemiological field studies of total populations. Here one is able to determine the prevalence of the disease in the general population and to identify possible genetic and environmental factors as well.<sup>9, 10</sup>

Second is the analysis of hospital inpatient/outpatient records, which provide the frequency of new cases of psoriasis in relationship to other dermatoses. This approach also supplies valuable data for retrospective studies. The factors determining referral to a hospital vary greatly, thus the reliability of the figures is unpredictable and may introduce bias. That is, the more serious illnesses are treated in a hospital; whereas, less serious cases are cared for elsewhere or not at all.<sup>11</sup>

Third are data collected by a physician in his particular private practice. This approach is fraught with problems of bias, since individual practices reflect specific socioeconomic levels within a community and not a community as a whole.

Fourth is the questionnaire survey. In-depth field census studies are prohibitive from a cost point of view, therefore the questionnaire survey is a viable alternative. As part of the overall Psoriasis Research Program at Stanford University, Farber and his associates<sup>8, 12, 13</sup> initiated an international cooperative epidemiological study. Various dermatological facilities participate in collecting data on natural history in their specific geographic region. A questionnaire is used as the data-gathering instrument. Although the questionnaire has many pitfalls,<sup>12</sup> it nonetheless is useful in collecting large amounts of information at low cost; and provides standardization of data which facilitates computer processing and analysis for comparison.

## The History of Psoriasis

Celsus (c. 25 B.C.-45 A.D.) presented the first recognizable description of

## Research Findings

The prevalence of psoriasis in the general population has been reported to vary

\* Professor and Chairman

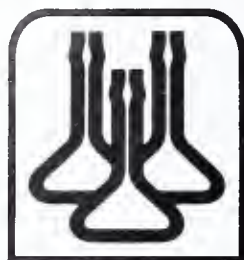
† Senior Research Associate  
Department of Dermatology, Stanford University  
School of Medicine, Stanford, California, and International Psoriasis Research Foundation, Palo Alto, California



*Congratulations to*  
*Harry L. Arnold, Jr., M.D.*  
*for 40 years as editor*  
*of*  
*Hawaii Medical Journal*  
*from your friends at*

**WESTWOOD**  
PHARMACEUTICALS INC.

**Congratulations Dr. Harry L. Arnold, Jr.**



**Bio-Science**

## **Bio-Science Laboratories Hawaii Branch**

4400 Kalanianaʻole Highway, Honolulu, Hawaii 96821-1196  
Administration / Main Laboratory, Phone (808) 735-1702

### **YOUR FULL SERVICE LABORATORY**

- Complete routine testing
- Extensive reference testing
- 24-hour emergency toxicology service
- Pick-up and delivery service

#### **4 LOCATIONS TO SERVE YOU!**

**Main branch:**

4400 Kalanianaʻole Highway  
Phone 735-1702

**King-Kalakaua**

1507 South King St., Rm 105  
Phone 955-1596 or 955-1597

**Aiea:**

99-128 Aiea Hts. Drive, Rm 202  
Phone 487-8422

**Queen Emma:**

1270 Queen Emma St., Rm 103  
Phone 521-7718

*Fully licensed by federal and state laws.*

*For more information please call our Marketing  
Department, 735-1702, extension 115.*

from 0.5 to 2.85%.<sup>6, 9, 10, 14, 15</sup> Hellgren<sup>10</sup> found the frequency of psoriasis to be 1.4% in more than 39,000 individuals in 5 different areas of Sweden; Lomholt<sup>9</sup> determined an occurrence of 2.8% of 11,000 residents in the Faroe Islands. Convit<sup>16</sup> examined about 26,000 South American Indians in 95 villages of Bolivia, Ecuador, Peru, and Venezuela, and found not a single case of psoriasis. In a study by Beales and Farber<sup>17</sup> in American Samoa, almost 13,000 individuals were examined. Only one person with psoriasis was detected and he was of mixed heritage.

In the United States, the prevalence has been estimated to be 1 to 2%;<sup>18</sup> however, the National Health and Nutrition Survey, in examining 20,749 Americans between the ages of 1-74 years, showed psoriasis to occur in 0.5-1.5%.<sup>15</sup> The fact that this sample excluded those hospitalized for psoriasis during the examination period and those who were in remission would indicate an underestimation in the total number afflicted with this disease.

#### **Genetic and Environmental Components**

The genetic and environmental components of psoriasis have been of prime interest in the Epidemiology Program conducted by the Department of Dermatology of Stanford University School of Medicine and the International Psoriasis Research Foundation (IPRF). The investigations have included:

A. Standard methodology: (1) statistical studies of large population series; (2) family studies; (3) pedigree analyses; (4) conjugal analyses; (5) twin studies.

B. Seroepidemiological studies

Findings from a few of these approaches are given below.

#### **Standard Methodology**

In statistical studies of large populations, with the exception of two population studies in Scandinavia, conducted by Lomholt in 1963<sup>9</sup> and Hellgren in 1967,<sup>10</sup> and a comprehensive questionnaire/clinical investigation by Molin in 1973,<sup>19</sup> there is a dearth of information on the course of psoriasis.

Through several questionnaire surveys, a data base on the natural history of psoriasis in more than 10,000 patients in the United States and other parts of the world has been evolving for more than 15 years at Stanford University. Analyzing the U.S. data,<sup>8, 12, 13</sup> it was found that: psoriasis occurred in both males and females at approximately the same frequency; the average age at onset was 28 years (ranging from infancy to the 9th decade); and nearly all races throughout the world are affected in varying degrees.

The familial pattern of psoriasis has long been recognized clinically and statistically. Familial concentration of a disease suggests that genetic factors may play an etiological role. Farber et al.,<sup>12, 13</sup>

## **American Ambulance Service**

- We welcome referrals from Physicians for their patients who require special medical transportation.
- Advanced Life Support Service available with direct MICT to Physician radio communications.
- Accept HMSA, DSSH & Medicare—other insurance welcome.
- Hawaii Certified EMT's & MICT's (paramedics)
- 24-Hour island-wide emergency & non-emergency service.



**845-2911**



Div. American Safety, Inc. P.O. Box 22217 Honolulu, HI 96822

Dept. of Health  
Lic. #80-0003

TO

**Dr. Harry L. Arnold, Jr.**

**CONGRATULATIONS!!!**

**JOHN W. EDWARDS, JR., M.D.**

**UROLOGY CLINIC, INCORPORATED**



**Aloha**

**Dr. Harry L. Arnold, Jr.**

***“HO‘OMAIKA‘I”***

**on your 40th year  
as Editor of the  
Hawaii Medical Journal**



**Lloyd Cotsen**

**Ron Kulkin**

**Mel Ader**

through questionnaire surveys of psoriasis patients, reported that 36% of these patients had one or more relatives with psoriasis. Hellgren, in his survey of 39,000 individuals in Sweden, found that 6.4% of relatives of psoriasis patients were affected, compared to 2.0% in the general population. Lomholt also found a significantly higher frequency of psoriasis among relatives of psoriatic individuals than in the general population of the Faroe Islands.

Statistical studies<sup>6, 20, 21</sup> have shown that siblings of psoriatic patients were more frequently affected when one parent was affected than when neither parent was affected. In the study by Steinberg et al., 2% of siblings were affected when neither parent had psoriasis, and 9% when one parent was affected. These investigators emphasized that a single-gene hypothesis could not explain their data.

In a Stanford study on familial occurrence of psoriasis,<sup>22</sup> a specially constructed questionnaire was sent to 698 patients (proband), who had indicated that one or more members of their families had psoriasis.<sup>12</sup>

In determining the mode of inheritance of a trait, Watson et al.<sup>22</sup> calculated the proportion of the proband's siblings affected, based upon the occurrence of psoriasis in the parents. There were 1,140 siblings from families in which neither parent had psoriasis. Of the 1,140 siblings determined from the 698 probands, 7.5% had psoriasis. When one parent had psoriasis, 15.6% of the siblings were affected; when both parents were afflicted with the disease, 50% of the siblings were observed to have had psoriasis.

In analyzing these findings and attempting to fit the results into various modes of inheritance, the following steps are considered:

1—If psoriasis were autosomal recessive, 25% of the siblings would be affected if neither parent had been affected; as indicated above, Watson and his colleagues<sup>20</sup> found only 7.5%.

2—If psoriasis were autosomal recessive, all of the siblings would have been affected when both parents had psoriasis; the results showed that only 50% of the siblings were afflicted.

3—If psoriasis were autosomal dominant, 50% of the siblings would have been affected if one parent had psoriasis; the findings indicated 15% were so involved.

Since these figures are much lower than would be expected in simple autosomal dominance or recessivity, Watson and his co-workers concluded that the mode of inheritance was most likely dependent upon both genes and environment in its clinical manifestation, i.e., multifactorial inheritance.

### Pedigree Analysis

Many pedigrees have been published to demonstrate the distribution of psoriasis in a family.<sup>9</sup> Although the pedigrees of

two large families in Utah<sup>23</sup> and North Carolina<sup>24</sup> were found to be consistent with autosomal dominant inheritance, Watson and his co-workers observed that the pedigrees of the families of the 698 probands in their genetics investigation showed great variation in the character of the familial distribution of affected and unaffected individuals, which did not substantiate the concept of a single simple mode of inheritance. It may be suggested that the differences in the configuration of the pedigrees provide supporting evidence that the disease is genetically of multifactorial influence.

### Conjugal Psoriasis

Conjugal psoriasis studies trace the occurrence of psoriasis in the offspring of 2 individuals affected with psoriasis, and provide opportunities to examine modes of inheritance of the disease.

In a questionnaire survey, Farber and associates<sup>12</sup> found that 2% of the 1,609 married psoriasis patients, in their sample of 2,144, had spouses with psoriasis. Of these psoriasis patients, 18 had married cousins, none of whom had psoriasis. Slightly higher, but similar figures were reported by Farber's group in a later study.<sup>13</sup> None of these conjugal alliances had produced children with psoriasis at the time the 2 studies were conducted.

### Twin Studies

Introduction of the twin method is generally accredited to F. Galton, who in 1876 adopted the alternative terms "nature" and "nurture."<sup>25</sup> The twin method is founded on the biologic premise that monozygotic (MZ) twins originate from division of one zygote. Therefore, as a rule, they are genetically identical. It follows that any phenotype difference between MZ twins may be caused by environmental influences. As dizygotic (DZ) twins are thought to be influenced by the same environmental differences, but have only half their genes in common by descent, they can be used as suitable controls.<sup>25</sup> When both members of a twin pair have the disease being investigated, the occurrence is said to be "concordant"; when only one twin member is affected, it is termed "discordant."

The twin method can serve three purposes:

1—The difference in concordance between MZ and DZ twins can be used to determine whether genetic variability plays a role in a given disease.

2—Penetrance (i.e., the probability of manifestation of the disease) can be estimated.

3—The roles of genetics and environment can be examined.

In the Stanford twin study, Farber and Nall<sup>26</sup> sent a questionnaire to each member of living twin pairs, one or both of

whom had psoriasis. Their sample consisted of 61 concordant and discordant MZ and DZ twin pairs, amounting to 95 affected twin individuals. The course of psoriasis in the 95 twin individuals was compared with that of a control group of singleton (non-twin) psoriatics matched for sex and age. In general, the findings indicated that twin members with psoriasis do not differ from psoriatic singletons in the general population with respect to clinical manifestations of the disease. Psoriasis in concordant MZ twin pairs tended to be similar with respect to age of onset, distribution pattern, severity, and course, which was not found in concordant DZ twin pairs.

The sample of twin pairs was not completely representative of twins in the general population. In this study, MZ twins outnumbered DZ twins by a ratio of 2:1, whereas in the general population the reverse is true. Nonetheless, the findings showed a striking difference in rate of concordance for psoriasis between MZ (73%) and DZ (20%) twin pairs, indicating there was a heritable contribution to the etiology of psoriasis. The fact that not all MZ twin pairs were concordant suggested that environmental factors are also important and adds additional support to the theory of a multifactorial mode of inheritance for psoriasis.<sup>26</sup>

### Seroepidemiological Studies

Two decades ago the discovery of the HLA (human leukocyte antigen) and its relationship to various diseases opened a new avenue of research in the genetics of psoriasis. HLA antigens are glycoproteins located on the membranes of all nucleated cells, as well as in the serum. Although HLA was originally referred to as human leukocyte antigen, human lymphocyte antigen, or histocompatibility locus A, the entire human histocompatibility complex is now designated HLA.<sup>27, 28</sup>

Studies have shown that the HLA antigens associated with psoriasis vulgaris are HLA-B13, B17, Cw6, and DR7. From the results of worldwide studies on the association of the increased frequency of the psoriasis antigens with the predisposition to the disease, it would appear that individuals with these cell surface antigens have a greater chance of developing psoriasis, although the exact role of the HLA antigens is not clear.<sup>28</sup>

In one study on 101 White psoriatic patients, Krulig et al.<sup>29</sup> found that two HLA specificities were significantly altered from expected values. The levels of HLA-B16 and B17 were found to be substantially increased, suggesting that persons with these antigens are at increased risk of having psoriasis. Clinically distinct patient groups were also observed. Either antigens B16 and B17 or both were more prevalent in psoriatic patients who had extensive disease involvement; and also,





# Alcoholism: TEL-MED Can Help

When your patients need more information on alcoholism, refer them to TEL-MED.

TEL-MED has a variety of messages relating to alcoholism and drinking, such as:

- 944** To Drink or Not to Drink
- 948** So You Love an Alcoholic
- 5050** You May Have a Drinking Problem

Each message has been carefully screened by local physicians. And callers report that TEL-MED increases their understanding

of their physician's diagnosis and recommendations.

The TEL-MED brochure has a complete list of over 270 taped messages. Use the brochure to suggest tapes for your patients. Or have them select tapes of their choice. All they need to do is call TEL-MED and ask for a tape by number. It's free. The hours are noon to 8 p.m., Monday through Saturday.

Ask for some free TEL-MED brochures. Write to HMSA or call 944-2398.

---

#### TEL-MED

---

Hawaii ..... 938-0811  
Kauai ..... 245-9011

Maui ..... 844-0911  
Oahu ..... 521-0711

---



A COMMUNITY SERVICE OF HMSA — WORKING FOR A HEALTHIER HAWAII



SAINT FRANCIS HOSPITAL SERVING HAWAII SINCE 1927

## Congratulations Dr. Harry L. Arnold, Jr.

All of us at St. Francis Hospital congratulate Dr. Harry L. Arnold, Jr. on his 40 years as editor of the Hawaii Medical Journal. Through his dedicated efforts to keep his colleagues and the medical community informed, he has made valuable contributions to medical professionalism and quality patient care.

Just as he has given much, we pray that he will continue to receive much in return, for in the words of Saint Francis of Assisi, "It is in giving that we receive."

Our thanks to Dr. Arnold, and our warm wishes for many more years of service to his patients and to his profession.

Sincerely,

Sister Maureen Keleher  
Chief Executive Officer



St. Francis Hospital 2230 Liliha Street  
Honolulu, Hawaii 96817

*We care about people while caring for them.*

## CONGRATULATIONS

### Dr. Harry L. Arnold, Jr.

*For your dedication and accomplishments*

*in the field of dermatology.*

Aloha,  
OWEN LABORATORIES  
Hawaii Division

patients with the B17 antigen had an earlier age of onset when compared to patients with the B16 antigen. In one family in this study, a linkage between psoriasis and a specific HLA haplotype was also observed, lending support to the concept that the HLA system may serve as a marker for genes affecting specific disease susceptibility.

### International Study

Following the First International Symposium on Psoriasis held at Stanford University in 1971,<sup>8</sup> worldwide epidemiology was initiated. The Stanford psoriasis questionnaire was completed by patients either in its English format or translated into the language of the country in which the study was being conducted. The results from 3 separate studies based on the Stanford/IPRF Psoriasis Life Histories Questionnaire have been published: a Japanese investigation by Yasuda,<sup>30</sup> one in Germany by Braun-Falco et al.,<sup>31</sup> and one in the United States by Farber and co-workers.<sup>12, 13</sup>

At the Stanford Second International Symposium on Psoriasis (1976), the preliminary findings of the worldwide cooperative study of 4 additional series were published in an abbreviated form by Nall and Farber.<sup>8</sup> The following detailed analysis has not appeared in the literature.

The methodology for the data gathering, reduction, computer manipulation of the questionnaire material has been described previously.<sup>12, 13</sup> For the World Epidemiology of Psoriasis Program, the multivariable Stanford Psoriasis Life Histories Questionnaire was distributed to several dermatological facilities throughout the world: Copenhagen, Denmark (Gustav Asboe-Hansen, M.D.); Hong Kong (W. Lau, M.D.); Kuwait (M.M. Selim, M.D.); and Kandy, Sri Lanka (D.A. Gunawardena, M.D.). Diagnosis of psoriasis was made by each of the dermatologists; thus, the diagnosis is considered to be valid and the sample to be representative of the various geographic regions involved.

The findings are grouped into 5 categories: nature of the samples, sites affected by psoriasis, influence of various factors on the course of the disease, relation of psoriasis to other diseases, and remission of psoriasis. Since there was not a full response rate to each query, the percentage of responses is based upon the number of respondents.

### Findings

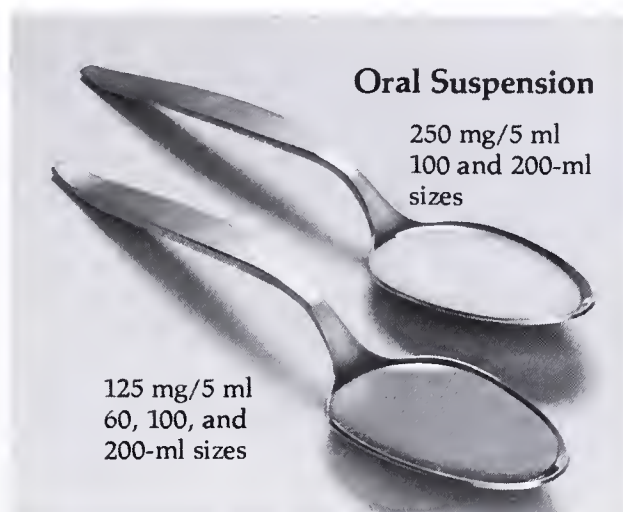
a) Copenhagen, Denmark. 100 questionnaires were obtained from patients living in or around the city of Copenhagen. The English questionnaire had been translated into Danish, and was self-administered.

b) United States (primarily San Fran-

HAWAII MEDICAL JOURNAL



# easy to take



**Keflex®**  
cephalexin

Additional information available  
to the profession on request.



**Dista Products Company**  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46285  
Mfd. by Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630

cisco Bay area). 100 questionnaires were matched on sex, age, and race (White) with the Denmark series. Since the Stanford series of 5,600 psoriasis patients creates a large data base, no problem arose to match exactly on each of the parameters. There was one exception,

that the sex ratio is approximately equal (Table 1). The Kuwait series showed a 10% differential between men and women; no explanation can be given for this difference as yet.

Age at time of study. The distribution of the age of the individuals in the 5 series at the time of study is seen in Table 2. The men were slightly older than the women in all series, but the range of ages was also similar, beginning below the age of 20 years and extending into later life.

Age at onset. Lomholt<sup>9</sup> has stated that the single most important facet in the study of the natural history of psoriasis is the age at onset. He contends that the environment influences the onset of psoriasis in an individual predisposed to the disorder. Table 3 gives the age at onset for the 5 geographic regions under study.

The Hong Kong series showed a later age onset than the other 4 groups, each of which had a mean age onset equal to or less than 25 years, albeit the Hong Kong

the patient's information. In this comparative analysis, both the Hong Kong (8%) and the Sri Lanka (12%) series showed lower familial frequencies of psoriasis than the others—Denmark (54%), United States (40%), Kuwait (26%).

Injury. The Koebner phenomenon appears to be universal in its precipitating effect on a psoriasis patient, as trauma to the skin was indicated as an influencing factor in all series of this study.

The Hong Kong series reported the highest frequency of psoriasis beginning at the site of an injury (burn, scratch, cut, bruise) to the skin. This group stated that new patches of psoriasis "always" or "sometimes" began at the exact site of injury 45% of the time.

Length of duration of psoriasis. This varied from the longest period in the Danish series (mean of 19 years) to the shortest in Sri Lanka (8 years) (Table 4).

Remissions. Remissions of varying length occurred in each of the 5 series,

TABLE 1  
Sex Ratio of Patients in Five Series

Series	N	Male	Female
* Denmark	100	42	58
United States	100	42	58
Hong Kong	88	44	46
Kuwait	120	55	45
Sri Lanka	95	49	51

\*Matched series

however; since the 5,600 series did not contain a 95-year-old male as found in the Danish group, a settlement on an 88-year-old male from the U.S. data base was made. The questionnaires were self-administered.

c) Hong Kong. 88 questionnaires were

TABLE 2  
Age at Time of Study of Psoriasis Patients in Five Series (Yrs)

Series	Male			Female		
	Mean	Median	Range	Mean	Median	Range
Denmark	45.7	45	11-95	39.4	35	10-88
United States	45.7	45	11-88	39.4	35	10-88
Hong Kong	43.4	42.5	16-80	39.7	42.5	6-81
Kuwait	31.6	31	5-68	26.6	27	5-64
Sri Lanka	35.2	35.5	6-70	26.9	24	5-55

TABLE 3  
Age at Onset in Five Series of Psoriasis Patients (Yrs)

Series	N	Mean	Median	Range
Denmark	100	23	16	1-83
United States	100	25	18	4-70
Hong Kong	88	36	36	6-77
Kuwait	120	23	20	2-69
Sri Lanka	95	25	23	3-60

received from patients attending W. Lau's clinic in the government hospital in Hong Kong. All patients were Chinese; approximately half were refugees from mainland China. Dr. Lau administered the questionnaires.

d) Kuwait. 120 questionnaires were received from Dr. M.M. Selim's Dermatologic Clinic at the Amiri Hospital, Kuwait. The sample was composed mostly of Arabs. Dr. Selim administered the questionnaires.

e) Kandy, Sri Lanka. 95 questionnaires were received from patients who were seen by Dr. D.A. Gunawardena in the

age at time of study reflected a population of patients similar in age to the United States and Denmark samples.

Sites of involvement. Sites of involvement of psoriasis at onset were similar in the 5 series: scalp, elbow, lower extremities being the most frequent; trunk, upper extremities and knees being less frequent; and face, the least. Sites of involvement at the time of study showed an increased number of areas reported and a shift to higher frequency of psoriasis on the lower extremities, upper extremities, and trunk, there being less on the scalp and elbow, and least on the knee and face.

with 41-55% reporting a period when psoriasis "disappeared" (Table 5). The Hong Kong group had a lesser percentage of their patients indicating remissions—36%; and the shortest mean duration of remission—9 months.

Conclusions. The clinical manifestations of the disease appeared to be similar in all 5 series. Preliminary findings indicate, however, that the Hong Kong group differed from the other 4 series in 2 categories: (1) age at time of onset of psoriasis, and (2) length of duration of remission, which may indicate that genetic factors are involved.

TABLE 4  
Length of Duration of Psoriasis (Yrs)

Series	N	Mean	Median	Range
Denmark	100	19	16	<1-65
United States	100	17	10	<1-70
Hong Kong	97	7	5	<1-31
Kuwait	118	7	6	<1-32
Sri Lanka	88	8	3	<1-40

TABLE 5  
Remissions

Series	N	Remissions	Length (Mo.)
		%	mean
Denmark	100	55	35
United States	100	41	46
Hong Kong	97	36	9
Kuwait	120	42	18
Sri Lanka	95	46	22

government hospital in Kandy. The group was divided into Suihala, Tamal, Muslim, and others. Dr. Gunawardena administered the questionnaires.

Sex ratio. Although many authors report a slight preponderance of men in their samples,<sup>9</sup> the current opinion<sup>13</sup> is

Familial occurrence. The frequency of psoriasis in relatives may be a difficult and unreliable statistic to determine because it is based on the patient's knowledge of psoriasis in his family and his contact with his relatives. The more distant the relationship, the least reliable is

It might be speculated that since the Hong Kong patients had later age of onset they exhibit a higher threshold for psoriasis, and that possibly the genetic mechanism of this population delays the manifestation of the disease until a later age and shortens remission periods. The



Congratulations  
to  
Dr. Harry L. Arnold, Jr.  
on his  
**40**  
Years as Editor  
of the  
Hawaii Medical Journal

*Schering*

# Candidates for nutritional therapy..

**10,000,000**

**alcoholics.** Ethanol may produce many effects that together bring about nutritional deficiencies, so that alcoholism affects nutrition at many levels.<sup>1</sup>

**25,500,000 geriatric**

**patients.** The older patient may have some disorder or socioeconomic problem that can undermine good nutrition.<sup>2</sup>

**23,500,000 surgical**

**patients.** Nutritional status can be compromised by the trauma of surgery; and some operations interfere with the ingestion, digestion and absorption of food.<sup>3</sup>



Before prescribing, please consult complete product information, a summary of which follows:

Each Berocca® Plus tablet contains 5000 IU vitamin A (as vitamin A acetate), 30 IU vitamin E (as *dl*-alpha tocopheryl acetate), 500 mg vitamin C (ascorbic acid), 20 mg vitamin B<sub>1</sub> (as thiamine mononitrate), 20 mg vitamin B<sub>2</sub> (riboflavin), 100 mg niacin (as niacinamide), 25 mg vitamin B<sub>6</sub> (as pyridoxine HCl), 0.15 mg biotin, 25 mg pantothenic acid (as calcium pantothenate), 0.8 mg folic acid, 50 mcg vitamin B<sub>12</sub> (cyanocobalamin), 27 mg iron (as ferrous fumarate), 0.1 mg chromium (as chromium nitrate), 50 mg magnesium (as magnesium oxide), 5 mg manganese (as manganese dioxide), 3 mg copper (as cupric oxide), 22.5 mg zinc (as zinc oxide).

**Indications:** Prophylactic or therapeutic nutritional supplementation in physiologically stressful conditions, including conditions causing depletion, or reduced absorption or bioavailability of essential vitamins and minerals; certain conditions resulting from severe B-vitamin or ascorbic acid deficiency; or conditions resulting in increased needs for essential vitamins and minerals.

**Contraindications:** Hypersensitivity to any component.

**Warnings:** Not for pernicious anemia or other megaloblastic anemias where vitamin B<sub>12</sub> is deficient. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with vitamin B<sub>12</sub> deficiency who receive supplemental folic acid and who are inade-

quately treated with B<sub>12</sub>.

**Precautions:** *General:* Certain conditions may require additional nutritional supplementation. During pregnancy, supplementation with vitamin D and calcium may be required. Not intended for treatment of severe specific deficiencies. *Information for the Patient:* Toxic reactions have been reported with injudicious use of certain vitamins and minerals. Urge patients to follow specific dosage instructions. Keep out of reach of children. *Drug and Treatment Interactions:* As little as 5 mg pyridoxine daily can decrease the efficacy of levodopa in the treatment of parkinsonism. Not recommended for patients undergoing such therapy.

**Adverse Reactions:** Adverse reactions have been reported with specific vitamins and



**5,000,000 hospital patients with infections.**<sup>4</sup> Many are anorectic and may have a markedly reduced food intake. Supplements are often provided as a prudent measure because the vitamin status of critically ill patients cannot be readily determined.<sup>3</sup>

**The incalculable millions on calorie-reduced diets.** Patients ingesting 1000 or fewer calories per day could be at high risk because this intake may not supply most nutrients in adequate amounts without supplementation.<sup>5</sup>

## Berocca Plus

A balanced formula for prophylactic or therapeutic nutritional supplementation.

Berocca Plus Tablets provide: therapeutic levels of ascorbic acid and B-complex vitamins; supplemental levels of biotin, vitamins A and E, and five important minerals (iron, chromium, manganese, copper and zinc); plus magnesium. Berocca Plus is not intended for the treatment of specific vitamin and/or mineral deficiencies.

## Berocca Plus, highly acceptable to

patients, has virtually no odor or aftertaste and is economical. And its "Rx only" status means more physician involvement, better patient compliance.

**References:** 1. Shaw S, Lieber CS: Nutrition and alcoholism, chap. 40, in *Modern Nutrition in Health and Disease*, edited by Goodhart RS, Shils ME. Philadelphia, Lea & Febiger, 1980, pp. 1220, 1237. 2. Watkin DM: Nutrition for the aging and the aged, chap. 28, in *Modern Nutrition in Health and Disease*, op. cit., p. 781. 3. Shils ME, Randall HT: Diet and nutrition in the care of the surgical patient, chap. 36, in *Modern Nutrition in Health and Disease*, op. cit., pp. 1084, 1089, 1114. 4. Dixon RE: *Ann Intern Med* 89 (Part 2): 749-753, Nov 1978. 5. Committee on Dietary Allowances, National Research Council: Recommended Dietary Allowances, ed 9. Washington, National Academy of Sciences, 1980, p. 13.



minerals, but generally at levels substantially higher than those in Berocca Plus. However, allergic and idiosyncratic reactions are possible at lower levels. Iron, even at the usual recommended levels, has been associated with gastrointestinal intolerance in some patients.

**Dosage and Administration:** Usual adult dosage: one tablet daily. Not recommended for children. Available on prescription only.

**How Supplied:** Golden yellow, capsule-shaped tablets—bottles of 100.

ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

# candidates for

Rx ONLY **Berocca® Plus** TABLETS

THE MULTIVITAMIN/MINERAL FORMULATION



low frequency of HLA-B17 in Asian populations<sup>28</sup> may be an influencing genetic factor; the native American Indian also lacks this leukocyte antigen, and psoriasis is exceedingly rare in the pure American Indian.

## Discussion

In discussing the role of epidemiology in psoriasis, 2 points are worthy of emphasis: first, methods of data-collecting; second, development of a genetic theory for the mode of inheritance of psoriasis.

Eckes et al.<sup>32</sup> and Dobson<sup>33</sup> have recently suggested that the incompatibility among investigators in interpreting their data on modes of inheritance for psoriasis is due to the different methods of collecting data they employ. Nall and Farber<sup>8</sup> have pointed out this problem in their earlier publications, and have emphasized that interpretation of prevalence data on psoriasis—or any variable under study—must be judged according to the data-gathering technique used.

Carefully conducted, large-scale census studies in specific geographic locales are prohibitively costly, yet they yield the most reliable data on prevalence and other natural history factors. Standardized questionnaire surveys have the obvious pitfall of not providing prevalence figures, but do provide extensive data bases for statistical analysis and establish reservoirs of patients for clinical study.

Of course, the frequency of a disease in a hospital/ clinic practice cannot give an accurate picture of its frequency in the population as a whole; however, outpatient statistics of disease do approximate its frequency in the community. In fact, hospital/clinic statistics sometimes offer the only available means of assessing prevalence in certain geographic regions, and therefore do provide a valuable source of information on the ecology of many skin disorders.

Although many studies have shown a strong genetic component in psoriasis,<sup>9, 10, 22, 34-38</sup> there is still much controversy as to its mode of inheritance.

In evaluating the various studies relating to the genetics of psoriasis, we have concluded that psoriasis has a multifactorial inheritance pattern.<sup>22, 27, 35-40</sup> Our studies have shown that a statistically significant familial concentration of the disease is evident. This finding, together with twin studies, support the concept that hereditary factors contribute to the etiology of psoriasis. Pedigree analysis and frequencies of psoriasis among siblings of probands were not consistent with inheritance of genetic differences at a single autosomal or x-linked locus, even with decreased penetrance due to delayed age of onset. Such findings suggest that psoriasis is determined by multifactorial inheritance, in which both polygenetic and environmental factors affect the onset and course of the disease.

## Conclusions

Epidemiology not only serves medical science by identifying determinants and distribution of disease, but it provides the clinician with a profile of factors to better understand the etiology and management of a disorder. As the application of epidemiological methods in studying psoriasis and other dermatoses of unknown cause and pathogenesis grows, standardization of data-gathering techniques will evolve.

Future development of epidemiology in psoriasis research will depend on various factors:

Government support of comprehensive population studies can bring about more

reliable information on prevalence, morbidity, and costs of psoriasis;<sup>41</sup> expansion of population-based twin registries<sup>42, 43</sup> can give the geneticist larger reservoirs of psoriasis patients for analysis, and intensive worldwide cooperative epidemiology studies can yield information on the influence of environment on the natural history of psoriasis; advances in computer technology can solve problems of processing and analyzing comprehensive data bases for statistical and graphic purposes;<sup>44</sup> finally, only through continued exchange of information and the pooling of knowledge in basic and applied research on psoriasis, can the enigma of this disease be one day unraveled.<sup>45</sup>

## REFERENCES

- Allen AM: Epidemiologic methods in dermatology, Part I: Describing the occurrence of disease in human populations. *J. Intl. Dermatol.* 3:186-193, 1978.
- Lilienthal DE: Definitions of epidemiology. *Am. J. Epidemiol.* 107:87-90, 1978.
- MacMahon B, Pugh TF, Ipsen J: Epidemiologic methods. Boston: Little, Brown and Co., 1970.
- Johnson KG: Epidemiology, p. 125-142. In: Human Ecology and Public Health. Ed. by Kilbourne ED, Smillie WG. Toronto: The Macmillan Co., 1969.
- Fox JP, Hall CE, Elveback LR: Epidemiology: man and disease. New York: The Macmillan Co., 1970.
- Romanus T: Psoriasis from a prognostic and hereditary point of view; Diss Uppsala, 1945.
- Farber EM: Historical commentary, p. 7-11. In: Psoriasis. Proc. Third Intl. Symp. Ed. by Farber EM, Cox AC. New York: Grune & Stratton, Inc., 1982.
- Nall L, Farber EM: World epidemiology of psoriasis, p. 331-333. In: Psoriasis. Proc. Sec. Intl. Symp. Ed. by Farber EM, Cox AJ. New York: York Med Books, 1977.
- Lomholt G: Psoriasis. Prevalence, Spontaneous Course and Genetics. A Census Study on the Prevalence of Skin Diseases on the Faroe Islands. Copenhagen: GEC Gad, 1963.
- Hellgren L: Psoriasis. The Prevalence in Sex, Age and Occupational Groups in Total Populations in Sweden. Morphology, Inheritance and Association with Other Skin and Rheumatic Diseases. Stockholm: Almqvist & Wiksell, 1967.
- Berkson J: Limitations of the application of fourfold table analysis to hospital data. *Biometrics Bull.* 2:47-53, 1946.
- Farber EM, Bright RD, Nall ML: Psoriasis. A questionnaire survey of 2,144 patients. *Arch. Dermatol.* 98:248-259, 1968.
- Farber EM, Nall ML: The natural history of psoriasis in 5,600 patients. *Dermatologica* 148: 1-18, 1974.
- Baker H, Wilkinson DS: Psoriasis, p. 1192-1234. In: Textbook of Dermatology. Ed. by Rook, Wilkinson, Ebling. Ed 2. London, J&A Churchill, 1972.
- Kraning KK, Odland GF (eds): I. Psoriasis. *J. Invest. Dermatol.* 73:402-413, 1979.
- Convit J: Investigation of the incidence of psoriasis among Latin American Indians, p. 196-199. In: Proc. 12th Intl. Congress Dermatol., Washington 1962. Intl. Congress Series No. 55. Amsterdam: Excerpta Medica Foundation, 1963.
- Beales A, Farber EM. Unpublished data, 1974.
- Farber EM, Peterson JB: Variations in the natural history of psoriasis. *Calif. Med.* 95:6-11, 1961.
- Molin M: Psoriasis. A study of the course and degree of severity, joint involvement, sociomedical conditions, general morbidity and influences of selection factors among previously hospitalized psoriatics. *Acta. Derm. Venereol.* [Suppl] (Stockh) 53:5-124, 1973.
- Hoede K. Umwelt und Erbllichkeit bei der Entstehung der Schuppenflechte. *Wurzb Abh Med.* 27:211-254, 1931.
- Steinberg AG, Becker SW, Fitzpatrick TB: A genetic and statistical study of psoriasis. *Amer. J. Hum. Genet.* 3:267-281, 1951.
- Watson W, Cann HM, Farber EM, Nall ML: Genetics of psoriasis: family study, p. 15-19. In: Psoriasis. Proc. Intl. Symp. Stanford Univ., 1971. Ed. by Farber EM, Cox AC. Stanford, CA: Stanford Univ. Press, 1971.
- Ward JH, Stephens FE: Incidence of psoriasis in a Utah kindred. *Arch. Dermatol.* 84:589-592, 1961.
- Abele DC, Dobson RL, Graham JB: Heredity and psoriasis: study of a large family. *Arch. Dermatol.* 88:38-47, 1963.
- Vogel F, Motulsky AG: Human Genetics: Problems and Approaches. New York: Springer-Verlag, 1979.
- Farber EM, Nall ML: Genetics of psoriasis: twin study, p. 7-13. In: Psoriasis. Proc. Intl. Symp. Psoriasis, Stanford Univ., 1971. Ed. by Farber EM, Cox AJ. Stanford, CA: Stanford Univ. Press, 1971.
- Bach FH, van Rood JJ: The major histocompatibility complex—genetics and etiology. *New Engl. J. Med.* 295:806-813, 1976.
- Ozawa A, Ohkido M, Tsuji K: Some recent advances in HLA and skin diseases. *J. Am. Acad. Dermatol.* 4:205-230, 1981.
- Krull L, Farber EM, Grumet FC, Payne RO: Histocompatibility (HL-A) antigens in psoriasis. *Arch. Dermatol.* 111:857-860, 1975.
- Yasuda T, Ishikawa E, Mori S: Psoriasis in the Japanese, p. 25-34. In: Psoriasis. Proc. Intl. Symp. Psoriasis, Stanford Univ., 1971. Ed. by Farber EM, Cox AJ. Stanford, CA: Stanford Univ. Press, 1971.
- Braun-Falco O, Burg G, Farber EM: Psoriasis: eine Fragebogen-studie bei 536 Patienten. *Munch med Wschr* 114:1-15, 1972.
- Eckes L, Ananthakrishnan R, Walter H: Geographical distribution of psoriasis. *Dermatol. Digest*, March: 32:35, 1977.
- Dobson RL: The inheritance of psoriasis. *Arch. Dermatol.* 116:657, 1980.
- Vogel F: Lehrbuch der Allgemeinen Human-genetik. Berlin: Springer-Verlag, 1961.
- Ananthakrishnan R, Eckes L, Walter H: On the genetics of psoriasis: an analysis of Hellgren's data for a model of multifactorial inheritance. *Arch. Derm. Forsch.* 247:53:58, 1973.
- Ananthakrishnan R, Eckes L, Walter H: On the genetics of psoriasis: an analysis of Lomholt's data for multifactorial inheritance. *J. Genet.* 61:142-146, 1974.
- Kimberling W, Dobson RL: The inheritance of psoriasis. *J. Invest. Dermatol.* 60:538-540, 1973.
- Burch PRJ, Rowell NR: Mode of inheritance in psoriasis. *Arch. Dermatol.* 117:251, 1981.
- Sulzberger MB: Multiple factors in the causation of diseases and the implications of this concept for their understanding and management. *Dermatologica* 117:407-413, 1958.
- Sulzberger MB: Multiple factors in the elicitation of skin diseases—and how this concept must influence our approaches to etiology and management. *J. Dermatol (Japan)*. 7:385-387, 1980.
- Kraning KK, Odland GF (eds): Prevalence, morbidity, and costs of dermatological diseases. *J. Invest. Dermatol.* 73:395-401, 1979.
- Brandrup F, Hauge M, Henningsen K, Eriksen B: Psoriasis in an unselected series of twins. *Arch. Dermatol.* 114:874-878, 1978.
- Nance WE: The value of population-based twin registries for genetic and epidemiologic research, p. 215-232. In: Cancer Incidence in Defined Populations. Ed. by Cairns J, Skolnick M. Cold Spring Harbor Laboratory: Cold Spring Harbor, ME, 1980.
- Nall L, Wallace P, Farber EM: Biometry of psoriasis p. 309-310. In: Psoriasis. Proc. Third Intl. Symp. Ed. by Farber EM, Cox AJ. New York: Grune & Stratton, Inc., 1982.
- Farber EM, Cox AC (Eds): Psoriasis. Proceedings of the Third International Symposium. New York: Grune & Stratton, Inc., 1982.



**SINCE ITS BEGINNING IN 1903,  
the honolulu medical group  
HAS MAINTAINED A STRONG  
COMMITMENT TO EXCELLENCE  
IN HAWAII'S HEALTH CARE  
DELIVERY SYSTEM.**

**IT IS WITH GREAT PLEASURE THAT  
WE RECOGNIZE ANOTHER PIONEER  
IN THE ANNALS OF HAWAII'S MEDICAL  
HISTORY. WE SALUTE YOU,  
DR. HARRY L. ARNOLD, JR., FOR YOUR  
LONGSTANDING CONTRIBUTIONS  
TO OUR COMMUNITY.**



**a dynamic force  
in the field of  
health care**



**550 SOUTH BERETANIA STREET • HONOLULU, HAWAII 96813  
TELEPHONE (808) 537-2211**



# Skin Cancer Screening Clinic at Lions Club Health Fair

Norman Goldstein, M.D., F.A.C.P.,\* and Vincent Lizama, Honolulu

*• Early detection and successful therapy of cancer is the goal of oncologists, epidemiologists, and clinicians. Breast and lung cancer detection usually require special equipment such as mammograms, xerograms and other X-ray equipment. Skin cancers, however, are easily detected—merely by looking carefully at the patient's skin.*

Ramsay and Fox<sup>1</sup> studied the diagnostic abilities of New York University primary care physicians and faculty dermatologists in the identification of 20 of the most common or serious dermatoses. While the staff dermatologists diagnosed basal cell cancers and melanomas in 100% of the cases in the study, the primary care physicians diagnosed only 70% of basal cell carcinomas, and 88% of malignant melanomas. It should be noted that even the dermatologists were not perfect. The scores of the dermatologists were only 83% for melanocytic nevi or moles, while primary physicians got 26% right. Pityriasis rosea was correctly diagnosed by the dermatologists in 87%, whereas the primary physicians diagnosed 44%.

With additional training such as that by the Skin Cancer/Melanoma Technical Committee of the Cancer Center of Hawaii, primary care physicians and others can increase their diagnostic acumen greatly.

An increase of malignant melanomas and other skin cancers is anticipated because of increased sunspot activities on the sun's surface, as reported by the senior author and others in 1980,<sup>2</sup> and again by Houghton and Viola<sup>3</sup> in October 1981.

A statewide survey on the public knowledge and behavior regarding skin cancer/melanoma was conducted by the Cancer Center of Hawaii in February 1981.<sup>4</sup> The survey demonstrated "the need to increase public knowledge about skin cancer to increase preventive behavior, such as the regular use of sunscreen lotions, regular examination of the skin for changes, avoidance of exposure between 10 a.m. to 2 p.m., and asking a physician to examine suspicious lesions on the skin."

It was fortunate that the Cancer Center of Hawaii chose "skin" as one of the five major sites of cancer in their educational programs. The skin cancer and melanoma programs now have been completed, and slide/sound cassettes are being prepared for dissemination to primary care physicians, and other groups of physicians, as well as to paramedical groups likely to see a "lot of skins"—such as nurses, nurses' aides, beauticians and barbers, and life guards.

Along with professional education, the public must be aware of the hazards of excessive Hawaiian sun, and yet still enjoy and good life and advantages of living in Hawaii. Rap Reiplinger's "Skin Cancer Dancer" and the "Adventures of Pabaman" spot public service announcements on television and radio have been very popular, and will again be presented during the peak summer months of 1982.

"The Incredible Adventures of the Howzit Family" comic book, distributed with the August 1981 issue of the HAWAII MEDICAL JOURNAL, and to 35,000 families in Hawaii by the Cancer Center of Hawaii, was well received and read by youngsters of all ages. The Skin Cancer Foundation, with headquarters in New York City, and a chapter in Hawaii, has distributed an additional 200,000 copies on the Mainland. The award-winning artist, Harry Lyons, also created Bo Derek and Burt Reynolds T-shirts to emphasize the use of SPF (sun protective factor) 15 sunscreens. The T-shirts and comic books were distributed at the American Academy of December 1981. We are getting out the message!

## The Lions Club Health Fair

December 12, 1981, was a busy day for members of the Lions and Lioness clubs of East Manoa, Kuhio, Palolo, and Waioli. A total of 175 volunteers from these clubs—from the Hawaiian Paradise Lioness Club, the Hawaii State departments of Health and of Social Services and Housing, the Honolulu unit of the American Cancer Society, the Hawaii Ophthalmological Society, the Hawaiian Speech and Hearing Association, the Army and Navy Medical Corps, the medical school's Department of Medicine,

and the members of the Hawaii Dermatological Society—participated in examining 521 people in 3 hours.

Screening examinations included glaucoma, eyes and vision, hearing, diabetes, blood pressure, and breast, oral and skin cancer. People were pre-registered 1 month before the Health Fair. Preregistrations were done at the Fort Street Mall MacDonald's, Longs/Safeway—Pali, Chun-Hoon Super Market and Village Market. A total of 698 people preregistered.

The screening clinics were held at the Kawanakoa School on Nuuanu Avenue on a Saturday afternoon between 12:30 and 4:30 p.m. The Lions clubs organized the fair, so that there were few delays at the various clinics. Even the flow of automobile traffic was smooth.

The data collected at the various clinics was collated by the American Cancer Society, positive findings to be reported to private physicians.

## The Skin Cancer Screening Clinic

Members of the Hawaii Dermatologic Society and a senior medical student examined 363 people. Drs. Ackerman, Caver, Clingan, Curphy, Edwards, Fardal, Goldstein, Huntley, Martin, Maag, Sunahara and Wong rotated during the 3 hours of the clinic. This was especially commendable, since many of the dermatologists just returned from the San Francisco American Academy of Dermatology meeting.

Prior to the examinations, the registrants filled out a skin questionnaire. In addition to the standard demographic data, we obtained information on skin types, sun protectives used, knowledge of SPF (Sun Protective Factor), etc.

A total of 161 men and 202 women came to the Skin Cancer Clinic. Ages ranged from 14 to 80, but most were between 36 and 75. Most pre-cancers (actinic keratoses) were detected in the older groups (51 to 80 years)—145 in total. Two people had basal cell carcinomas and 2 probable malignant melanomas. The detection rate of cancer and pre-cancer was 41%. Loeffel and Watson's County Health Fair Skin Cancer Screening Project<sup>5</sup> in Turlock, California, August 1973, detected 28.6% presumptive skin cancers and pre-cancers in 605 people. Peyton Weary<sup>6</sup> and Elizabeth Kanof<sup>7</sup> found 21.6% and 37.8%, respectively, in their clinics in Virginia and North Carolina.

The findings at the Lions Club Fair were especially interesting because of our multi-racial population. It is not just the "haoles" (Europeans) who get skin cancers and melanomas in Hawaii, though they do get more than other races, as was pointed out by Allison and Burch.<sup>8</sup> The racial distribution of our group was: Japanese 44.3%, Chinese 22.5%, Caucasian (European) 21.5%, Hawaiian 22.5%,

\* Associate Clinical Professor of Medicine (Dermatology), John A. Burns School of Medicine, University of Hawaii





*Congratulations*  
*Harry L. Arnold, Jr., M.D.*

E.R. Squibb & Sons, Inc., is pleased to join the medical community in honoring you for distinguished service as Editor, Hawaii Medical Journal, and for your outstanding contributions to advancements in the field of Dermatology.

---



*E.R. Squibb & Sons, Inc.*  
*manufacturer of fine topical corticosteroids*

Filipino 3.0%, and others—Puerto Rican, Black, Korean, Vietnamese—2.8%. Most (263) had been born in Hawaii. A total of 41 had been born on the United States mainland, 13 in Japan, 7 in Europe, and 30 in Asia other than Japan. Another 1 each had come from Canada, Australia, Colombia, Panama and Mexico. The percentage of Hawaiians was higher than in the general population, probably because of the location of the Health Fair.

Diagnoses other than skin cancer and pre-cancer were made in 63 people: nevi or moles (41), skin tags (9), acne (12), nummular eczema (5), melasma or chloasma (5), seborrheic dermatitis (4), neurodermatitis (3), and tinea versicolor, among others.

We asked about knowledge and use of sun protectives. Registrants listing sun protectives included PreSun (8), Paba Lotion (8), Sundown (4), Coppertone (3), What-A-Tan (2), Aloe Vera (2), and others—Go Guard, Amway, Total Eclipse, Sunblock Number 15, Uval, Physician's Formula and Shiseido (1 each). There were 17 who did not know, or did not list the names of sun protectives used. Most of those who used sunscreens, did not know the SPF number of their product.

Skin types were also tabulated, both by the person and the examiner, with very close correlation and ratings (Table 1).

Registrants were given a card with "skin type and sunscreen recommendations" for each type (Table 2).

### Discussion

From our 3 hours at the first Skin Cancer Screening Clinic, we learned:

The interest in skin cancer was great, possibly due to the efforts of the Cancer Center of Hawaii, the American Cancer Society, medical groups and private physicians.

The SPF system of evaluating efficacies of sunscreens has still not become common knowledge. Efforts to disseminate SPF information must continue.

The authors believe the educational spin-offs of the clinic, as well as the finding of several skin cancers, warranted this mass-screening effort.

Even though two-thirds of the registrants listed a private physician or a medical group to be contacted, should a skin cancer be found, people still want more information about skin cancer. The Health Fair seems an excellent way to start many people using an effective SPF-15 sunscreen. In addition to the "Howzit Family Comic Book," each registrant received informational brochures about the sun, skin cancers, and melanomas, plus samples of 4 different SPF-15 sunscreens (Bain de Soleil 15, Coppertone 15, Eclipse 15 and PreSun 15).

Follow-up of the 2 diagnosed basal skin cancers and 2 probable melanomas is, of course, mandatory. The American

Cancer Society, Honolulu chapter, has contacted the physicians listed by the registrants. Further diagnostic work-up, including biopsy and definitive treatment, as well as a complete skin examination, must be performed. These diagnoses will be confirmed.

Problems encountered were relatively minor. They included crowded but adequate examination facilities. There were from 2 to 6 examining dermatologists in a large room, with no partitions between exam stations. At first, the registrants

were asked to stand in line outside the exam room—in the noon sun. We promptly modified this and had everyone come indoors to wait—usually no more than 5 minutes. It was noisy at times. Only cursory examinations were possible—of the exposed sites only. Complete skin examinations were not performed.

Despite these limitations, we felt this first Skin Cancer Screening Clinic was very successful. Plans are underway to conduct similar health fairs and skin cancer clinics.

TABLE 1

Skin Type	Self Rating	Examiner Rating
I. Always burns, never tans	19 ( 5.3%)	14 ( 3.9%)
II. Usually burns, sometimes tans	46 (12.8%)	54 (15.0%)
III. Sometimes burns, usually tans	207 (57.6%)	206 (57.4%)
IV. Never burns, always tans	87 (24.0%)	85 (23.7%)

TABLE 2  
What's Your Skin Type?

Skin Type	Response to Noontime Sun*	Recommended Protection	Trade Names
I	Always burns—never tans	DAILY SUNSCREEN	Bain de Soleil 15 Eclipse 15 Pabanol
II	Usually burns—sometimes tans faintly	PROTECTION ADVISABLE	PreSun 15 Supershade 15
III	Sometimes burns—usually tans	Sunscreens for prolonged sun exposure	Block Out Clinique Sundown Uval**
IV	Never burns—always tans well	None necessary	—

\* Thirty minutes first time in summer

\*\* A non-Paba or Paba Ester Product

NOTE: Most dermatologists in Hawaii recommended the regular daily use of an SPF (sun protective factor) #15 or higher—to reduce and prevent sun indicated precancers, cancers and aging of the skin.

### REFERENCES

1. Ramsay DL, Fox AB: The ability of primary care physicians to recognize the common dermatoses. *Arch. Derm.* 117:620-622 (October 1981).
2. Goldstein N et al.: Look out, the sunspots are coming. *The Honolulu Advertiser* (January 21, 1980).
3. Houghton AN, Viola MV: Solar radiation and malignant melanoma of the skin. *JAAD* 5:477-483 (October 1981).
4. Editorial—Skin cancer and melanoma: a report of the Hawaii cancer center. *Haw. Med. J.* 40:350 (December 1981).
5. Loeffel ED, Watson W: Screening for screen cancer at a county fair. *West J. Med.* 122:123-126 (February 1975).
6. Weary PE: A two-year experience with a series of rural skin and oral cancer detection clinics. *JAMA* 217:1862-1863 (September 27, 1981).
7. Kanof EP: Experience with a skin cancer detection clinic at a state fair. *N. Carol. Med. J.* 35:159-161 (March 1974).
8. Allison SD, Burch TA: Melanomas, a caucasian problem? *Haw. Med. J.* 38:39-41 (February 1979).

### ACKNOWLEDGMENT

Mahalo nui loa to John Y. Lui, general chairman of the Health Fair; the members of the District 50 Lions clubs; Chuck C. Matsuaki, District 50 Lions Club governor; Linda Roberts, coordinator, American Cancer Society; Dottie Morgan, public director, American Cancer Society; Thomas C. Hall, M.D., Cancer Center of Hawaii; Karen Yanagisako, Skin Cancer-Melanoma Program coordinator; Penny Ideta, Westwood Co. (PreSun); Yvonne Beaton, Al-

lgeran Co. (Eclipse); O'Donnel & Sons (Bain de Soleil); Plough & Co. (Coppertone); Mitzi Moulds, executive director, and David Greenspan, public relations director of the Skin Cancer Foundation; and the 365 persons who participated in this first Skin Cancer Screening Clinic in Hawaii.

Special mahalos also to Betty Matsui, medical secretary, and Karen Suenaga, medical photographer.



# MIEC

## Medical Insurance Exchange of California

*Professional Liability Insurance Exclusively*

- Quality Protection From Hawaii's Only Physician Owned Company
- Financial Strength and Stability
- Sponsored by Hawaii Medical Association

FOR FURTHER INFORMATION CONTACT:

Hawaii Medical Association  
320 Ward Avenue, Suite 200  
Honolulu, HI 96814  
536 • 7702

HOME OFFICE: THREE EMBARCADERO CENTER • SAN FRANCISCO, CALIFORNIA 94111  
MAILING ADDRESS: P.O. BOX 7149 • SAN FRANCISCO, CA 94120  
TELEPHONE (415) 393 • 5250

## CLASSIFIED NOTICES

Call 521-0021

Minimum 4 lines  
\$3.50 per line + tax

### FOR SALE

IBM MEDICAL COMPUTER  
SYSTEM. \$12,500 Complete satisfaction  
or refund. Call Mel Sakaue 734-2271.

### NOTICES & ANNOUNCEMENTS

#### FRIGIDERM CORPORATION

#### OFFICES

##### WAHIAWA AREA

Ideal for the professionals. New 2 story,  
elevator equipped, air conditioned with  
covered parking area. Flexible suite sizes  
avail. at 80¢ to \$1.00 NNN. Call 622-4354.

#### SERVICES

##### NEED A NEW EMPLOYEE?

Time saving personnel service offers  
professional hiring assistance. Shannon  
Maresca of Small Office Services. 538-1981

**kōkua**  
to help. assist. support

## Kokua Nurses and Para Professionals

is a medical staff relief  
agency committed to:

- CAREFUL SCREENING
- ON-SITE ORIENTATION
- PERFORMANCE MONITORING
- EMPLOYER SATISFACTION

### NURSES

R.N.'s, L.P.N.'s, Nurse Aides

### PARA PROFESSIONALS

Medical Technologists and  
Laboratory Technicians, Radiologic  
Technologists, Respiratory  
Therapists, Physical &  
Occupational Therapists

*Founded in Hawaii . . .  
Serving all Hawaii*

**536-2326**

1210 Auahi St., #223  
Honolulu, HI 96814



## Over the Editor's Desk

Harry L. Arnold Jr., M.D.

Did you wonder how neurofibromatosis could have produced the Elephant Man, made world famous by Sir Frederick Treves and then by a play and a movie? I did, and it didn't. He had bony fibrous dysplasia and a tuberculous hip, as well. William Bean took a look at his skeleton in the medical museum of a London hospital and got them to make X-rays of it; Kenneth Dolan at the University of Iowa and Benjamin Felson at the University of Cincinnati made the diagnoses from the films. Read all about it in the September 4 issue of *JAMA*.

\* \* \*

*If you've been treating genital or other herpes simplex lesions with idoxuridine, you might do well to stop it; Dr. Dianne Silvestri found it useless in a blind study reported in the September 4 issue of JAMA. Even 30% in DMSO was useless.*

\* \* \*

A bibliography on transcutaneous electrical nerve stimulation is available from MMM; write to them—3M Department ME-82-36, Box 33600, St. Paul, Minn. 55133.

\* \* \*

*If the nutritional needs of trauma and burn patients concern you, write to Mead Johnson Nutritional Division, Dept. 68, Evansville, Ind. 47721, for a copy of the minutes of a symposium on the subject, held at White Sulphur Springs last July.*

\* \* \*

Johnson & Johnson announced a new sterile disposable wound-drainage system called J-Vac. Write them at New Brunswick, N.J. 08903 for details.

\* \* \*

*TAM II, Instrumedix's pocket-size monitor and transtelephonic instrument for selfrecording (for playback by telephone) of transient cardiac or neurological symptoms, has been approved by the Veterans Administration, according to a September 1 release.*

\* \* \*

The AMA will provide the information for the first nationwide electronic medical information service, created by GTE Telenet Communications Corp. Desk-top terminals will enable subscribers to access up-to-date medical information and to communicate with one another by an electronic mail service. Mid-September was the target date.

HAWAII MEDICAL JOURNAL



## Spencer Limited

Architecture Interiors Planning Restoration  
1050 Smith St., Honolulu, HI 96817 536-3333



# Guest Editor's Page

## The Skin Man

Oh, some may sing the surgeon's skill—  
He wields a wicked blade!  
While not a few prefer GU  
Though it's not a tidy trade.  
Pure Science has her acolytes,  
A brave, devoted band!  
But I'd rather be a skin man  
And with the skin men stand.

Outside the throat room's dreadful door, the knitting women wait,  
While all unseen, the guillotine keeps up its ghastly gait.  
Like plums upon the dewy grass, the tender tonsils fall  
But neither they, nor adenoids, intrigue my thoughts at all.  
The skin man never is aroused, as breaks the morning pale  
By vehement parturient, or ailing infant's wail;  
Nor is he snatched from Morpheus' arms, from some delicious dream,  
To aid an old prostatic case who cannot start his stream.  
Behind his broad, expansive desk, mayhap of tropic teak,  
He views the rash, and takes the cash, and does it week on week.  
His mind is calm; his spirit, blithe; his future is assured.  
For though his patients oft return, they're seldom quickly cured.  
With ointment bland he tries his hand, to soothe; but ere too late,  
If soothing makes them worse again, then he can stimulate.  
If stimulation makes them worse, his course runs ever smooth,  
For he can cease to stimulate, and start once more to soothe.  
No Paladin of Arthur's age; no gleaming, crested knight  
Of old romance, had such a chance his lady to delight.  
For him that blush of damask rose; for him that downcast eye  
Who drives the ringworm from her cheek, the itch mite from her thigh.  
So farewell, Dermatitis! From you forever free!  
Farewell, the bugs that bite us—the louse, the tick, the flea!  
Edema and erythema—pruritus ani, too—  
Like driven snow from top to toe, we bid you, all, Adieu!

—Anonymous

Footnote: ("For fullest appreciation one must realize that this is really what dermatology was like 60 or 70 years ago, and that alternately "soothing" with bland agents, or "stimulating" with potent ones, was an accepted therapeutic modality. Boric acid wet dressings were king!)

H.L.A. Jr.

Editorial Note: "The Skin Man" was recited from memory by our very special skin man, Harry L. Arnold Jr., at the 1981 Annual Meeting of the Hawaii Dermatological Society. Harry told the enthralled members and guests he first saw the anonymous poem on the wall of Professor Fred Weidman at Penn.

NORMAN GOLDSTEIN, M.D., Honolulu

## A Special Issue to Honor a Special Man Harry L. Arnold Jr., M.D.

Luna ho'oponopono (Editor)  
Kanaha Makahikis (41 Years)

The editors, authors, and contributors to the HAWAII MEDICAL JOURNAL, and the officers, members, and staff of the Hawaii Medical Association are proud to present this special surprise issue of the JOURNAL honoring Harry L. Arnold Jr., M.D.

It was not easy to keep this issue of select scientific papers and letters a secret from our editor. But, thanks to the many people involved, we did it!

VOL. 41, NO. 11 — NOVEMBER, 1982

In addition to the regular distribution of the JOURNAL to our Hawaii Medical Association members in "Paradise," this special *Festschrift* will be sent to the entire membership of the American Academy of Dermatology.

The JOURNAL has been blessed; Hawaii has been blessed; dermatology has been blessed; indeed all of medicine has been blessed to have had a share of this great man. Mahalo Nui Loa, Harry.

NORMAN GOLDSTEIN, M.D.  
Guest Editor, *Festschrift*

## Many Mahalos

To the authors of our scientific papers and testimonial letters; to Harry's friends who kept this issue a secret; to his many well wishers who sent their "alohas," but not in time to get them to the printers.

To Jeanne and the family for sharing Harry with the "worlds of dermatology and medicine."

To the sponsors; to local and Mainland pharmaceutical companies, and their representatives; to the Hawaii Medical Association staff for their help in sending this *Festschrift* to 5,000-plus members of the American Academy of Dermatology.

To John Breinich, and his ever helpful staff at the Hawaii Medical Library; to Margaret Berman, Straub Clinic & Hospital photographer; Karen Suenaga, medical photographer; and Ruth M. Ono, editor, "Queens Vision."

To Murray Gruber and Syosset Laboratories; to Mel Ader and Stiefel Labs; to Kern Rogerson and TGI Friday; to Yvonne Beaton and Dave Saylor and Allergan Pharmaceuticals; and to Carol Weber of Carol's Word Processing; Hawaii Pathologists Laboratory; and Herbert Laboratories.

To Steve Lent, David Free, Sue Matsumoto, Danette Amoy, Jan Shearer at Crossroads Press; to Becky Kendro and Jennie Asato, our editorial assistants; to Dr. Douglas Massey, and Dr. Doris Jasinski for their patience, expertise, and time.

To my office staff—Miyo Deal, Rosslyn Robinson, Nancy Tsuda, Robin Woodell, Willette Auwelo, Ina Dring, Ray Robino, Carole Kaili, and Symantha D'Ambrosio—for their services "beyond the call of duty."

To Betty Matsui, and her "magic word processor," who patiently typed, and retyped, and re-retyped my letters, requests for advertisements, and manuscripts.

To my wife, Ramsay, for her encouragement, her suggestions, and never-ending patience and understanding.

And to our very own Harry Arnold—*many mahalos*.

N.G.

## Howzit!

The first printing of the skin cancer/melanoma educational comic book was a smashing success! The comic book, created by the award-winning political cartoonist, Harry Lyons, was first mailed to 35,000 Hawaii residents in "high density caucasian areas" in June 1981. It was then distributed in the August 1981 issue of the HAWAII MEDICAL JOURNAL.

The enthusiasm of children (of all ages) for the "Howzit Family" comic book was so great that the Skin Cancer Foundation, with headquarters in New York City, and a local chapter in Hawaii, has reprinted 200,000 additional copies. When distributed with Bo Derek/Burt Reynolds T-shirts to dermatologists at the San Francisco American Academy of Dermatology annual meeting, they were the "talk of the town."

Emphasizing the SPF (sun protective factor) 15 as the most effective sunscreens, the comic book and T-shirts are now part of an extensive national program of skin cancer/melanoma prevention—begun here in Hawaii by the Community Cancer Program. For additional information, comic books, or T-shirt, contact Karen Yanagisako at the Cancer Center of Hawaii (808) 524-1234, or on the Mainland, Mitzi Moulds, executive director, The Skin Cancer Foundation, 475 Park Avenue South, New York, N.Y. 10016 (212) 725-5176.

N.G.

# Harry L. Arnold Jr.

## His Associations

### ACADEMIC

A.B. with distinction, University of Michigan, 1932.  
M.D. *cum laude*, University of Michigan, 1935.  
M.S. in Dermatology and Syphilology, University of Michigan, 1939.  
Instructor in Dermatology, University of Michigan Medical School, 1937-1939.  
Clinical Professor of Medicine (Dermatology), School of Medicine, University of Hawaii, 1969 to present.

### PROFESSIONAL

Dermatologist, Straub Clinic, Honolulu, 1939-1977; Chief, 1939-1969; Emeritus Staff, 1977-present.  
Diplomate, American Board of Dermatology, 1941.  
Consulting Dermatologist to Leahi Hospital, Shriners Hospital, Wilcox Memorial Hospital, and Lanai City Hospital.  
Emeritus Consultant, Tripler Army Medical Center, 1980-.  
Chief of Dermatology staff, The Queen's Medical Center, 1965.  
Member, Editorial Boards of *Group Practice* 1965-70; *Cutis* 1965-; *J. Internat'l Medical Research*, 1972-; *Archives of Dermatology*, 1973-; and *Jour. Am. Med. Assn.*, 1974.  
Member, American Board of Dermatology (representing AMA Section) 1966-1975; President, 1973.  
Consultant on dermatological terms, Dorland's Illustrated Medical Dictionary, 25th edition (1974).  
First Frederick G. Novy, Jr. Visiting Scholar in Dermatology, U.C. Davis, 1975.  
Editor Society Transactions, *Archives of Dermatology*, 1976-1978. *International Journal of Dermatology*, 1978-.  
Editor, *Hawaii Medical Journal*, 1941-; *Schoch Letter*, 1975-.  
Straub Clinic Proceedings, 1940-1977, Emeritus Editor, 1980-.  
Co-author, *Andrews' Diseases of the Skin*, 7th edition (Domonkos, Arnold, and Odom) 1981.

### FRATERNITIES

Zeta Psi, University of Michigan, 1928.  
Nu Sigma Nu, University of Michigan, 1932.  
Kappa Beta Phi, University of Michigan, 1934.

### HONOR SOCIETIES

Alpha Omega Alpha, University of Michigan, 1935.  
Phi Kappa Phi, University of Michigan, 1935.  
Sigma Xi, University of Hawaii, 1954.

### MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Honolulu Medical Society, 1939 (President, 1949). (Life Member, 1979).  
Hawaii Medical Association (President, 1951). (Editor, *Hawaii Medical Journal*, 1941 to date).  
American Medical Association (Delegate from Hawaii, 1956-1961; Secretary; Section of

Dermatology, 1961-1963; Chairman, 1964; Alt. Delegate, 1965-1973; member Section Council, 1971-1976; Delegate from Section, 1974-1976.  
Hawaii Academy of Science, 1942 (President, 1952).  
American Association for the Advancement of Science (Fellow), 1954.  
American Academy of Dermatology and Syphilology, 1940 (Director, 1948-1951), 1962-1965, and 1973-1976). (Vice president, 1965). (President, 1975-1976). Editor, *The Schoch Letter*, 1975-1978. Dome Lecturer, 1975. Honorary Member, 1978.  
Society for Investigative Dermatology, 1941.  
Hawaii Dermatological Association (Secretary, 1943-1953; President, 1955).  
International Leprosy Association, 1943 (Corresponding Editor for U.S.A.), *International Journal of Leprosy*.  
Sociedad Cubana de Dermatologica y Sifilografia (Corresponding, 1955).  
Sociedad Cubana de Leprologia (Corresponding, 1955).  
American College of Physicians (Fellow), 1946.  
American Dermatological Association, 1947. (President, 1971).  
Asociación Argentina de Dermatología, Venereología y Leprología (Corresp., 1965).  
Sociedad Mexicana de Dermatología (Honorary Member), 1961.  
International Society for Tropical Dermatology (Vice President for U.S.A., 1959-1964).  
Straub Medical Research Institute of Hawaii, 1960 (President, 1960-1964).  
Pacific Dermatologic Association, 1948 (President, 1968).  
Royal Society of Medicine (Fellow), 1970.  
Brazilian Dermatological Association (Honorary, 1974).  
New York Dermatological Society (Honorary, 1977).  
North American Clinical Dermatological Society (Honorary Fellow, 1977).  
College of Physicians of Philadelphia (Fellow), 1977.  
Dermatological Society of South Africa (Honorary, 1978).

### CIVIC ORGANIZATIONS

Chamber of Commerce of Honolulu (Director, 1952-1955 and 1961-1963).  
Hawaii Board of Medical Examiners (Secretary, 1960-1963).  
Honolulu Automobile Club (Director, 1960-1968).  
Honolulu Wine & Food Society, 1963 to date. President, 1978.  
Club 15, 1964-1967.  
Social Science Association of Honolulu, 1969 to date.  
American Cancer Society, Hawaii Chapter, 1951-1975 (Director, 1968-1971).  
Regency Condominium Association, Honolulu (President, 1971-1974).

### BIOGRAPHICAL LISTING

Who's Who in America  
Who's Who in the World  
Directory of Medical Specialists

# Harry L. Arnold Jr.

## His Writings

### BIBLIOGRAPHY

#### I. PERIODICAL LITERATURE

- Serpent-Emblems of Medicine, *J. Michigan Med. Soc.* 36:157 (Mar.) 1937.
- Scleroderma Adultorum (Buschke), *Arch. Dermat. & Syph.* 38:210 (Aug.) 1968.
- Multiple Pigmented Nevi, *Arch. Dermat. & Syph.* 40:386 (Sept.) 1939.
- (with Wile, U.J.) Le Syndrome de Senear-Usher. *Revue de la Littérature et Rapport de Six Cas Personnels*, *Bull. Soc. Franc. de Dermat. et Syph.* (Reunion Dermat., Strasbourg) 46:1231 (Sept.-Oct.) 1939.
- (with Wile, U.J.) Senear-Usher Syndrome: Review of the Literature and Report of Six Cases, *Arch. Dermat. & Syph.* 40:687 (Nov.) 1939.
- The Classification and Management of Nevi, *Proc. Staff Meet., Clinic* 5:12 (Dec.) 1939.
- Precancerous Dermatoses, *Proc. Staff Meet., Clinic* 6:3 (Mar.) 1940.
- Pitfalls in Syphilotherapy, *ibid.* 6:5 (May) 1940.
- Leczema, a Rational Approach, *ibid.* 6:7 (July) 1940.
- Urticaria Solaris (Preliminary Report), *ibid.* 6:8 (Aug.) 1940.
- Conjugal Primary Lymphogranuloma Venereum, *ibid.* 6:9 (Sept.) 1940.
- Ulcera Balanitis (Case Report), *ibid.* 6:11 (Nov.) 1940.
- Superficial X-Ray Therapy: Its Use and Abuse, *ibid.* 7:17 (Feb.) 1941.
- Urticaria Solaris: Review of the Literature and Report of a Case, *Arch. Dermat. & Syph.* 43:607 (Apr.) 1941.
- Incidence of Dermatoses in Office Practice in Hawaii (Preliminary Report), *Proc. Staff Meet., Clinic* 7:63 (May) 1941.
- Dysmenorrheic Urticaria (Case Report), *ibid.* 7:92 (July) 1941.
- Acne Treatment Plan, *ibid.* 7:117 (Sept.) 1941.
- Kahili Flower (*Grevillea Banksii*) Dermatitis (Preliminary Report), *Hawaii Med. J.* 1:15 (Sept.) 1941.
- Differential Diagnosis of Leprosy (Clinical Note) *Arch. Dermat. & Syph.* 44:911 (Nov.) 1941.
- Dermatitis Due to the Blossom of *Grevillea Banksii*, *Arch. Dermat. & Syph.* 45:1037 (June) 1942.
- Immediate Pustular Reaction to Sulfathiazole (Case Report), *Proc. Staff Meet., Clinic* 8:32 (May) 1942.
- (and Tilden, I.L.) Histiocytoma Cutis: Xanthoma, Not Fibroma, *ibid.* 8:78 (Sept.) 1942.
- Severe Itching in Secondary Syphilis: Report of Two Cases, *ibid.* 8:109 (Nov.) 1942.
- (with Tilden, I.L.) Granulomatous Reaction to Intradermal Typhoid Vaccine, *ibid.* 8:128 (Dec.) 1942.
- Early Syphilis Treated by 22 Injections of Mapharsen in Six Weeks, *ibid.* 9:1 (Jan.) 1943.
- (and Tilden I.L.) Histiocytoma Cutis: A Variant of Xanthoma, *Arch. Dermat. & Syph.* 47:498 (Apr.) 1943.
- Fielding H. Garrison, the Caduceus, and the United States Army Medical Department, *Bull. Msh. Med.* 13:267 (May) 1943.
- (and Arnold, H.L., Sr.) Diagnosis and Management of Bird-Mite Bites, *Proc. Staff Meet., Clinic* 9:41 (May) 1943.
- (with Tilden, I.L.) Chronic Granuloma Following Intradermal Injection of Typhoid Vaccine, *Arch. Path.* 36:13 (July) 1943.
- Colloid Pseudomillium (Review of Literature and Report of Case), *Arch. Dermat. & Syph.* 48:262 (Sept.) 1943.
- (and Bell, D.B.) Kissing Bug Bites, *Hawaii Med. J.* 3:121 (Jan.-Feb.) 1944.
- Dermatitis Herpetiformis (Duhring's Disease), *Proc. Staff Meet., Clinic* 10:79 (July) 1944.
- Herpetic Stomatitis Treated by Intradermal Smallpox Vaccine, *ibid.* 10:85 (Aug.) 1944.
- (and Tilden, I.L.) The Two Kinds of Leprosy, Lepromatous and Tuberculoid, *ibid.* 10:91 (Sept.) 1944.
- Fox-Fordyce Disease, Case Report, *ibid.* 10:128 (Nov.) 1944.
- Nodular Nonsuppurative Panniculitis (Weber-Christian Disease): Preliminary Report of a Case Controlled by Sulfapyridine, *Arch. Dermat. & Syph.* 51:94 (Feb.) 1945.
- Nevus Seboreus et Sudoriferus: Unilateral Linear Physiologic Anomaly, *Arch. Dermat. & Syph.* 51:370 (June) 1945.
- (and Tilden, I.L.) Classification and Nomenclature of Leprosy with Suggestions for a Simplification of Both, *Ann. Int. Med.* 23:65 (July) 1945.
- The Sweat Response to Intradermally Injected Mecholyl: Preliminary Report of Its Possible Use in the Diagnosis of Leprosy, *Proc. Staff Meet., Clinic, Honolulu* 11:75 (Aug.) 1945.
- James Thomas Wayson, M.D., 1870-1945, *Arch. Dermat. & Syph.* 52:183 (Sept.) 1945.
- Symptomatic Control of Urticaria and Its Equivalents by "Benadryl," Report of 47 Consecutive Treated Cases, *Proc. Staff Meet. Clin., Honolulu* 11:123 (Dec.) 1945.
- Ringworm of the Scalp in an Adult: Report of a Case Caused by *Microsporum Lanosum*, *Proc. Staff Meet. Clin., Honolulu* 12:181 (Aug.) 1946.
- Hyperkeratosis Penetrans: Report of a Probable Variant of Kyrle's Disease, *Arch. Dermat. & Syph.* 55:633 (May) 1947.
- Allergic Cutaneous Reaction Produced by Sulfasuxidine, *Proc. Staff Meet. Clin., Honolulu* 13:138 (Dec.) 1947.
- Malignant Melanoma of the Skin: Origin, Recognition, Prevention and Management, *Proc. Staff Meet. Clin., Honolulu* 14:1 (Jan.) 1948.
- Lupus Erythematosus Profundus: Historical Review, and Report of a Case, *Arch. Dermat. & Syph.* 57:196 (Feb.) 1948.
- Fixed Drug Eruption Due to Antipyrine in Kazefurusu, *Proc. Staff Meet. Clin., Honolulu* 14:9 (Feb.) 1948.
- (with Strode, J.E.) Adynamic Ileus Simulating Intestinal Obstruction Associated with Anaphylactoid Purpura, *ibid.* 14:14 (Mar.) 1948.
- Basal Cell Carcinoma of Sweat Gland Origin, *Arch. Dermat. & Syph.* 57:1042 (June) 1948.
- The Intradermal Mecholyl Test for Anidrosis: A Diagnostic Aid in Leprosy, *Internat. J. Leprosy* 16:335 (July-Sept.) 1948.
- (and Austin, F.R.) "Diasone" Therapy of Actinomycosis of the Jaw: Report of a Case, *J.A.M.A.* 138:955 (Nov. 27) 1948.
- The Incomplete Writer, or Helpful Hints to the Medical Author, *Proc. Staff Meet. Clin., Honolulu* 14:80 (Nov.) 1948.
- (and Simons, R.D.G. Ph.) Over Het Thans Niet Meer Gebruikte Begrip Lepra Mixta, *Med. Tijdschr. voor Geneesk.* 93:259 (Jan. 22) 1949.







54. Two Weeks in Micronesia, Proc. Staff Meet. Clin., Honolulu 15:21 (May) 1949; 15:70 (Aug.) 1949.
55. Erythema Multiforme Following Deep Roentgen Therapy, Arch. Dermat. & Syph. 60:143 (Aug.) 1949.
56. Epidemiology of Leprosy: an Alternate Hypothesis, Trans. Am. Meet. Hawaiian Acad. Science, 1949.
57. (and Domzalski, C.A., Jr.) Aureomycin Mouthwash for Herpetic Stomatitis (Canker Sores), Proc. Staff Meet. Clin., Honolulu 15:85 (Nov.) 1949.
58. "Macules" of Leprosy, Arch. Dermat. & Syph. 60:1148 (Dec.) 1949.
59. Essentials of Superficial Roentgen Therapy, Plantation Health 14:83 (Jan.) 1950.
60. Differentiation of Plantar Warts from Plantar Corns, Proc. Staff Meet. Clin., Honolulu 16:32 (Mar.) 1950.
61. Diffuse Lepromatous Leprosy of Mexico (Spotted Leprosy of Lucio), Arch. Dermat. & Syph. 61:663 (Apr.) 1950.
62. (and Bonnet, D.D.) "Swimmer's Itch": Its First Appearance in Hawaii, Proc. Hawaiian Acad. Sci 1949-50.
63. Dermatologic Meetings, June 1950, Proc. Staff Meet. Clin., Honolulu 16:110 (Aug.) 1950.
64. Systemic Lupus Erythematosus, Arch. Dermat. & Syph. 62:632 (Nov.) 1950.
65. American Academy of Dermatology and Syphilology, A Few Highlights of the Ninth Annual Meeting, Proc. Staff Meet. Clin., Honolulu 16:161 (Dec.) 1950.
66. (and Sloan, N.R.) Lucio's Spotted Leprosy (Diffuse Lepromatous Leprosy of Mexico): Report of a Case in Hawaii, Internat. J. Leprosy 19:23 (Jan.-Mar.) 1951.
67. Severe Neutropenia During Treatment with Potassium Para-Aminobenzoate, Case Report, Proc. Staff Meet. Clin., Honolulu 17:48 (Apr.) 1951.
68. American Dermatological Association Meeting at Colorado Springs, 1952, Proc. Staff Meet. Clin., Honolulu 18:62 (May) 1952.
69. (and Marnie, J.G.) Beryllium Granuloma due to Fluorescent Light Bulb Injury, Report of a Case and a Brief Review of Beryllium, Proc. Staff Meet. Clin., Honolulu 18:78 (June) 1952.
70. The Indispensability of Stress, Hawaii Med. J. 11:358 (July-Aug.) 1952.
71. Alopecia Areata: Prevalence in Japanese, and Prognosis after Reassurance, A.M.A. Arch. Dermat. & Syph. 66:191 (Aug.) 1952.
72. (and Gilbert, F.I., Jr.) Failure of Corticotropin to Prevent Hemolytic Anemia due to Sulfapyridine, J.A.M.A. 150:95 (Sept. 13) 1952.
73. International Congress of Dermatology, 1952, and a European Tour, Proc. Staff Meet. Clin., Honolulu 18:163 (Dec.) 1952.
74. The Pilotator Response to Intradermally Injected Nicotine: an Aid in Excluding the Diagnosis of Leprosy, Internat. J. Leprosy 21:169 (Apr.-June) 1953.
75. Stress Dermatoses. Suggested Integration of the Allergic-Psychogenic Dermatoses, A.M.A. Arch. Dermat. & Syph. 67:566 (June) 1953.
76. Algeomorphic Diseases (Presidential Address), Proc. Hawaiian Acad. Sci. 1952-53.
77. Photographic Reproduction of Pencil Drawings without Inking, Proc. Staff Meet., Straub Clinic, 19:150 (Oct.) 1953.
78. Sixth International Congress of Leprosy: Hawaii Delegate's Report, Hawaii Med. J. 13:195 (Jan.-Feb.) 1954.
79. (and Johnson, H.M.) Transition from Pemphigus Erythematosus to Pemphigus Vulgaris: Report of a Fatal Case Partially Controlled by Cortisone and ACTH, Brit. J. Derm. 66:334 (June) 1954.
80. Darkfield Diagnosis of Argiria (Correspondence), Brit. J. Derm. 66:334 (Aug.-Sept.) 1954.
81. A Dermatological Tour of Japan, Okinawa and Korea, Straub Clinic Proc. 20:75 (Nov.) 1954.
82. Circumscribed Neurodermatitis (Lichen Simplex Chronicus): Its Recognition and Management, Postgrad. Med. 16:492 (Dec.) 1954.
83. Specific Alarm Syndromes (editorial), Postgrad. Med. 16:568 (Dec.) 1954.
84. American Dermatological Association, 1955, and the California State Meeting, Straub Clinic Proc. 21:40 (Apr.-June) 1955.
85. Stress Therapy (Piromen) for Early Axillary Hidradenitis, Postgrad. Med. 17:366 (May) 1955.
86. Helpful Hints in Treatment of Common Skin Diseases, Straub Clinic Proc. 22:1 (Jan.-Mar.) 1956.
87. Lupus Erythematosus Profundus: Commentary, and Report of Four More Cases, A.M.A. Arch. Dermat. 73:15 (Jan.) 1956.
88. Hawaii Medical Association, 1856-1896, Hawaii Med. J. 15:313 (Mar.-Apr.) 1956.
89. Three Dermatological Meetings, Straub Clinic Proc. 22:129 (July-Sept.) 1956.
90. Disease Prevention (Guest Editorial), Northwest Med. 55:953 (Sept.) 1956.
91. Psoralens and Sun Tan: Augmentation of Skin Responses to Sunlight by Psoralen Derivatives, Hawaii Med. J. 16:391-395 (Mar.-Apr.) 1957.
92. Report from the Mainland, 1957, Straub Clin. Proc. 23:71 (July-Aug.) 1957.
93. American Association of Medical Clinics Meeting, and Journal Editors' Conference, Straub Clin. Proc. 23:90 (Sept.-Oct.) 1957.
94. (and Tilden, I.L.) Fatal Scleroderma with L.E. Phenomenon: Report of a Case, A.M.A. Arch. Dermat. 76:427-430 (Oct.) 1957.
95. American Academy of Dermatology and Syphilology, 1957, Straub Clin. Proc. 23:107 (Nov.-Dec.) 1957.
96. (and Washko, P.J.) "Flat Film" of the Abdomen, J.A.M.A. 167:773 (June 7) 1958.
97. Society for Investigative Dermatology and A.M.A. Section Meeting, Straub Clin. Proc. 24:89 (Sept.-Oct.) 1958.
98. American Academy of Dermatology & Syphilology, 1958, Straub Clin. Proc. 25:25 (Jan.-Feb.) 1959.
99. Effect of Methoxsalen on Inability to Tan, J. Investigative Derm. 32:341-343 (Feb.) 1959.
100. On Being Read, J. Indian Medical Profession 5:2640 (May) 1959, reprinted, Arch. Derm. ( ) 19 .
101. Oral Treatment of Ringworm with Griseofulvin, Straub Clin. Proc. 25:53 (May-June) 1959.
102. Psychologic Aspects of Allergy, A.M.A. Arch. Derm. 79:684-691 (June) 1959.
103. Straub Clinic Profile, Group Practice 8:370-375 (July) 1959.
104. American Dermatological Association and the S.I.D., 1959, Straub Clin. Proc. 25:86 (July-Aug.) 1959.
105. Griseofulvin for Ringworm: Preliminary Appraisal—Report of 22 More Cases, Straub Clin. Proc. 25:108 (Sept.-Oct.) 1959.
106. American Medicine in Hawaii, 1820-1959, New England J. Med. 261:694-699 (Oct. 1) 1959.
107. Keloids: Etiology, and Management by Excision and Intensive Prophylactic Radiation, AMA Arch. Derm. 80:772 (Dec.) 1959.
108. American Academy of Dermatology and Syphilology, 1959, Straub Clin. Proc. 25:156 (Nov.-Dec.) 1959.
109. Aussere Anwendung von 8-Methoxypsoralen bei Vitiligo, Der Hautarzt, 7:324 (July) 1960.
110. The Miami Session of the A.M.A., 1960, Straub Clin. Proc. 24:4 (July-Aug.) 1960.
111. American Academy of Dermatology, 1960, Straub Clinic Proc. 27:12 (Jan.) 1961.
112. Skin Diseases Affected by Pregnancy, Hawaii Med. J. 21:41 (Sept.-Oct.) 1961.
113. (with Grauer, F.H.) Seaweed Dermatitis. First Report of a Dermatitis-Producing Marine Alga, Arch. Derm. 84: 720 (Nov.) 1961.
114. Lichen Planus Erythematosus. Review, and Report of Two Cases, Arch. Derm. 84:741 (Nov.) 1961.
115. American Academy of Dermatology, 1961, Straub Clinic Proc. 28:9 (Jan.) 1962.
116. Dyesthesia in Alopecia Mucinosus: a Possible Diagnostic Sign, Arch. Derm. 85:409 (Mar.) 1962.
117. (and Haramoto, F.H.) "Grain Itch" Following Fumigation for Termites, Dermatologia Tropica 1:37 (Apr.) 1962.
118. Balnei Granuloma in Hawaii (editorial), Hawaii Med. J. 21:422 (May-June) 1962.
119. A.M.A. Section of Dermatology and the S.I.D., 1962, Straub Clinic Proc. 28:91 (Aug.) 1962.
120. Dermatological Pharmaceutics, Straub Clinic Proc. 28:130 (Oct.) 1962.
121. Porphyria and the Pacific Northwest Derm. Meetings, Straub Clinic Proc. 28:151 (Nov.) 1962.
122. Allergy and the Skin, Modern Medicine, 30:146 (Nov. 26) 1962.
123. American Academy of Dermatology, 1962, Straub Clinic Proc. 29:20 (Feb.) 1963.
124. American Dermatology: Summer, 1964. Report of Three Meetings: the ADA, the SID, and the AMA Section, Straub Clinic Proc. 30:120 (Aug.) 1964.
125. American Academy of Dermatology, 1964, Straub Clinic Proc. 30:123 (Dec.) 1964.
126. A.M.A. Section on Dermatology, the S.I.D., and the Pacific Dermatological Association, 1965. Straub Clin. Proc. 31:194 (Aug.) 1965.
127. The U.C.-U.C.L.A. Yosemite Seminar 1965, Straub Clin. Proc. 31:239 (Dec.) 1965.
128. American Academy of Dermatology, Chicago, December, 1965, Straub Clinic Proc. 32:34 (Jan.-Mar.) 1966.
129. American Dermatological Association, April 15-19, 1966, Hot Springs, Virginia. Straub Clinic Proc. 32:86 (April-June) 1966.
130. Lupus Erythematosus Profundus—Summary and Appraisal, Cutis 2:681 (Sept.) 1966.
131. The U.C.-U.C.L.A. Yosemite Seminar, 1965, Straub Clinic Proc. 31:239 (Dec.) 1965.
132. Herpes Zoster, Cutis 1:567 (Dec.) 1965.
133. American Dermatological Association, Hot Springs, Virginia, April 15-19, 1966, Straub Clinic Proc. 32:86 (April-June) 1966.
134. Paradoxes and Misconceptions in Leprosy (Chairman's Address), J.A.M.A. 196:647 (May 16) 1966.
135. Lupus Erythematosus Profundus: Summary and Appraisal, Cutis 2:681 (Sept.) 1966.
136. American Academy of Dermatology, Bal Harbour, 1966, Straub Clinic Proc. 33:41 (Jan.-Mar.) 1967.
137. American Dermatological Association, Colorado Springs, 1967, Straub Clinic Proc. 33:139 (July-Sept.) 1967.
138. Pacific Dermatologic Association, San Francisco, 1967, Straub Clinic Proc. 33:194 (Oct.-Dec.) 1967.
139. (and Kim, R.) American Academy of Dermatology, Chicago, 1967, Cutis 4:456 (Apr.) 1968.
140. Pacific Dermatologic Association, San Diego, 1968, Straub Clinic Proc.
141. (and Williams, R.M. and Kim, R.) Topical 5-fluorouracil for actinic keratoses. Geriatrics, 23:115-117 (July) 1968.
142. American Academy of Dermatology, Chicago, 1968, Cutis 5:232 (Mar.) 1969.
143. (with Kim, R.) Photoallergic Dermatitis due to Antimicrobial Compounds, Cutis 5:726-732 (June) 1969.
144. Skin Problems in the Elderly, Cutis 5:423-427 (Apr.) 1969.
145. American Dermatological Association, Scottsdale, Arizona, 1968, Straub Clinic Proc. 35:95-103 (April-June) 1969.
146. Porphyria Cutanea Tarda. Treatment with Small Doses of Chloroquine, Straub Clinic Proc. 35:115-117 (Oct.-Dec.) 1969.
147. Lichen Planus (method of Harry L. Arnold, Jr., M.D.) in Conn, H.F.: Current Therapy, 1970, Phila. Saunders, 1970.
148. The Hawaii Medical Association, Massachusetts Physician 29:44-46 (Oct.) 1970.
149. (and Kim, R.) American Academy of Dermatology, Bal Harbour, Florida, 1969, Cutis 6:421 (April) 1970.
150. Hawaii and Its Dermatology, Straub Clinic Proc. 36:47-51 (Apr.-June) 1970.
151. American Dermatological Association, Boca Raton, Florida, 1969, Straub Clinic Proc. 38:70-79 (Apr.-June) 1970.
152. Keloids and Hypertrophic Scars, in Current Dermatological Management, ed. Stuart Maddin, St. Louis, Mosby, 1970.
153. Now Hair This, Honolulu 5:34 (Dec.) 1970.
154. Rosacea (method of Harry L. Arnold Jr., M.D.), in Conn, H.F.: Current Therapy, 1971, Phila. Saunders, 1971.
155. Portuguese Man-of-War ("Bluebottle") Stings: Treatment with Papain, Straub Clinic Proc. 37:30-33 (Jan.-Mar.) 1971.
156. Leprosy, in Cecil-Loeb Textbook of Medicine, 12th ed., Phila., W.B. Saunders 1973.
157. The Snake-Emblem of Medicine, Straub Clinic Proc. 38:3 (Jan.-Mar.) 1972.
158. Immediate Treatment of Insect Stings (Letter to the Editor), JAMA 220:585-586 (Apr. 24) 1972.
159. (with Izumi, A.K. and Kim, R.) Herpetic Sycosis, Arch. Derm. 106:372-374 (Sept.) 1972.
160. (and Rees, R.B., Jr.) Report of Meeting of American Academy of Dermatology, 1971 Cutis 9:399-430 (Mar.) 1972.
161. Report of Meeting of American Dermatological Association, Straub Clinic Proc. 38:79 (Oct.-Dec.) 1972.
162. (with Rees, R.B. and Izumi, A.K.) American Academy of Dermatology, 1972, Int. J. Dermatol. 12:261, 1973.
163. "Pilomatrixoma" (letter), Arch. Dermatol. 109:736, 1974.
164. (with Izumi, A.K.) Congenital Annular hands (Pseudoainhum). Association with Other Congenital Abnormalities, JAMA 229:1208, 1974.
165. "Cerebritis" (letter), Ann. Intern. Med. 81:569, 1974.
166. Fordyce Spots (letter), Arch. Dermatol. 110:811, 1974.
167. The Exocrine Glands (letter), Arch. Surg. 110:846, 1975.
168. Withdrawal of Corticosteroids, Lancet 1:149, 1976.
169. Immunotherapy with Levamisole (letter), N. Engl. J. Med. 294:447, 1976.
170. Long-term Triamcinolone Acetonide Therapy (letter), Arch. Dermatol. 112:1327, 1976.
171. Leprosy: Differential Diagnosis, Cutis 18:53, 1976.
172. Injuries from Sea Urchin Spines (letter), South Med. J. 70:640, 1977.
173. (with Rees, R.B.) American Academy of Dermatology Highlights, 1976, Cutis 20:519, 1977.
174. Systemic Steroid Therapy with Intramuscularly Injected Triamcinolone, South. Med. J. 71:102, 1978.
175. Safer Long-term Systemic Steroid Therapy with Injected Triamcinolone, Int. J. Dermatol. 17:216, 1978.
176. Treatment of Hallopeau's Acrodermatitis with Triamcinolone Acetonide (letter), Arch. Dermatol. 114:963, 1978.
177. Ernani Agricola, M.D., 1887-1978, Int. J. Leprosy. 46:434, 1978.
178. Podophyllin Therapy (letter), Ann. Intern. Med. 90:133, 1979.
179. (and Rees, R.B.) International Symposium on Psoriasis, Stanford, CA, 1976, Cutis 24:504, 515, 1979.
180. Sympathetic Symmetric Punctate Leuconychia: 3 Cases, Arch. Dermatol. 115:495, 1979.
181. (with Edwards, N.W.) Corymbiform Lichen Sclerosus et atrophicus (letter) Arch. Dermatol. 115:1035, 1979.
182. Prednisone vs Triamcinolone Acetonide (letter) JAMA 242:2285, 1979.



*Your  
Special Something  
Deserves  
Something Special.*

*Birthday or banquet, wedding or small  
dinner party—here, at the Kahala Hilton,  
we make sure your special occasion is  
the toast of the town. Large group or small, let  
us tailor something special for you.*

734-2211

*Kahala*  *Hilton*

*On the beach beyond Diamond Head*

183. Warts (letter), *Int. J. Dermatol.* 18:586, 1979.
184. Pacific Dermatologic Association, Coronado, CA, 1978, *J. Am. Acad. Dermatol.* 1:83, 1979.
185. Castellani's Paint without Fuchsin (letter), *Arch. Dermatol.* 115:1287, 1979.
186. (with Rees, R.B. and Odom, R.B.) Pacific Dermatologic Association, San Francisco, 1979, *J. Am. Acad. Dermatol.* 2:244, 1980.
187. (with Rees, R.B.) John Walter Wilson, M.D., 1903-1980, *Cutis* 25:557, 1980.
188. (and Rees, R.B.) American Academy of Dermatology, Chicago, 1979, *J. Am. Acad. Dermatol.* 3:63, 1980.
189. Epidermodysplasia Verruciformis (Lewandowsky-Lutz): the Revived Report of a Case Seen in 1944, *Int. J. Dermatol.* 19:564, 1980.
190. Toxic Epidermal Necrolysis and Staphylococcal Scalded Skin Syndrome (letter), *J. Am. Acad. Dermatol.* 3:317, 1980.
191. (and Rees, R.B.) Pacific Dermatologic Association, 32d Annual Meeting, *JAAD* 5:229, 1981.
192. How Indeterminate Leprosy Got Its Name, *Internat. J. Dermatol.* 20:393, 1981.
193. (and Rees, R.B.) American Academy of Dermatology, New York, 1980: *JAAD* 5:484, 1981.
194. Comments on "A Second Point of View" (of IM steroids): *JAAD* 5:604-605, 1981.
195. (with Rees, R.B.) Pacific Dermatologic Association, Reno, 1981, *Cutis* 30:371, 1982.

## 2. MONOGRAPHS

1. De Classificatie der Lepra: Chapter IX in Simons, R.D.G. Ph.: *Dermatologie der Tropen*, Amsterdam, Scheltema and Holkema, 1950.
2. Classification of Leprosy: Section in Chapter 19 in Simons, R.D.G. Ph.: *Handbook of Tropical Dermatology and Medical Mycology*, Amsterdam, Elsevier Publishing Company, 1952.
3. Carcinoma of the Skin (Epithelioma), in *Current Therapy*, 1953, edited by Howard F. Conn, W.B. Saunders Co., Philadelphia & London, 1953, pp. 527-528.
4. Leprosy, Section in *Atlas of Regional Dermatology*, by Ernest K. Stratton, Springfield, Charles C. Thomas Co., 1953.
5. Carcinoma of the Skin (Epithelioma), in *Current Therapy*, 1954, edited by Howard F. Conn, W.B. Saunders Co., Philadelphia & London, 1954.
6. Neurodermatitis, Circumscribed, Disseminated, and Acute Exudative, Chapter 6 in *Clinical Selections in Dermatology and Mycology*, Ed. by Schmidt, F.R., Springfield, Charles C. Thomas, 1956, pp. 95-112.
7. Leprosy, in *Cyclopedia of Medicine, Surgery, and the Specialties*, George Morris Piersol, Editor-in-Chief, 1956.
8. Leprosy, in *Long-Term Illness*, Michael G. Wohl, M.D., Editor, W.B. Saunders Co., Philadelphia & London, 1959, 517-522.
9. Diseases of the Skin, Chapter 17 in Wohl, M.G., loc. cit., pp. 523-529.
10. Leprosy, in a *Textbook of Medicine*, Russell F. Cecil, M.D., and Robert F. Loeb, M.D., Editors, W.B. Saunders Co., Philadelphia & London, 1959, pp. 294-302.
11. Neurodermatitis, in Conn, H.F.: *Current Therapy*, 1960, W.E. Saunders Co., Philadelphia, 1959.
12. Leprosy, in *Encyclopedia Americana*, Grolier, New York, 1972 and 1982, Vol. 17, p. 245.
13. Leprosy, in *Clinical Dermatology*, edited by Demis, Crounse, Dobson, and McGuire, Baltimore, Hoeber, 1977 and 1981.

## 3. BOOKS

1. Modern Concepts of Leprosy, Charles C. Thomas, Springfield, IL, 1953.
2. Raibyo No Gentaiteiki Gainen (Modern Concepts of Leprosy: Korean Translation by Dr. Rhee Yil Sin. Ministry of Health and Social Affairs, Republic of Korea, 1956.
3. (and Fasal, Paul) Leprosy, Diagnosis and Management, ed. 2, Springfield, IL, Charles C. Thomas, 1973.
4. (with A.N. Domonkos and R.B. Odom) Andrews' Diseases of the Skin: Clinical Dermatology, ed. 7, W.B. Saunders, Philadelphia, PA, 1982.

## TABLE OF CONTENTS

<b>Encomia &amp; Remembrances</b>	<b>387</b>
<b>The Other Side of Harry Arnold Jr.</b> Harold M. Johnson	<b>391</b>
<b>Lupus Erythematosus (Panniculitis) Profundus</b> Denny L. Tuffanelli	<b>394</b>
<b>Cutaneous Malignant Melanomas, Five-Year Survival</b> Alfred W. Kopf, Darrell S. Rigel, and Robert J. Friedman	<b>398</b>
<b>Sunburn, Aging, and the Carcinogenic Effects of Sunlight on the Skin, A Review</b> D. Friday King and Victor D. Newcomer	<b>400</b>
<b>Treatment of Venous Ectasias with Hypertonic Saline</b> Bruce Chrisman	<b>406</b>
<b>WWII, the 147th General Hospital and Harry Arnold</b> Robert W. Goltz	<b>410</b>
<b>Epitheliomas—Girls Get Them First?</b> Samuel D. Allison	<b>412</b>
<b>Rapid Screening for Leprosy</b> C.V. Caver	<b>412</b>
<b>Pseudotumor Cerebri Following Steroid Injections</b> Richard W. Fardal	<b>414</b>
<b>Have Extemporaneously Compounded Topical Antibiotics A Place? The Clindamycin Saga</b> Otto H. Mills Jr. and Albert M. Klingman	<b>416</b>
<b>Corticosteroid Therapy of Zoster: Oral vs. Sublesional Injection</b> Ervin Epstein	<b>420</b>
<b>Harry L. Arnold Jr.—As Some of Us Know Him</b> Fred I. Gilbert	<b>424</b>
<b>Organoid Nevus—A Potential Premalignant Lesion</b> Allan K. Izumi	<b>426</b>
<b>Kaposi's Sarcoma in a Homosexual Man in Hawaii</b> Francis J. Dann	<b>428</b>
<b>Epidemiology in Psoriasis Research</b> Eugene M. Farber and Lexie Nall	<b>430</b>
<b>Skin Cancer Screening Clinic at the Lions Club Health Fair</b> Norman Goldstein and Vincent Lizama	<b>444</b>
<b>Over the Editor's Desk</b>	<b>448</b>
<b>Guest Editor's Page</b>	<b>449</b>
<b>Harry L. Arnold Jr.: His Associations</b>	<b>450</b>
<b>Harry L. Arnold Jr.: His Writings</b>	<b>450</b>

## *The Editor has the last word*

### Thank you all!

A secret it was, but I had to see it in page proof and the secret was out. To say I am deeply touched and profoundly grateful to my many dear friends—Harold, Dave, Denny, Al and Al, Vic, Bruce, Bob, Sam, Claude, Dick, Allan, Erv, Fred, Allan, Frank, Gene and Norman—would be an understatement, but it is the best I can do. And to the many friends and firms who bought ads, my deepest thanks also. I hope it was a good cause. I'll try to make it so.

"A2"



# Leasing Isn't What It Used To Be.



Businesses today need the benefits that equipment leasing offers...lower costs, improved cash flow, flexible terms, fixed rate financing, conservation of capital and more.

New tax laws have increased both the Investment Tax Credit and depreciation benefits available through leasing. That means that many lease rates are now lower than ever.

At Bancorp Leasing we have the expertise to put these expanded tax advantages to work for you, and we can structure a lease that suits your needs perfectly. Now that leasing is better than ever, you need Bancorp Leasing more than ever. Give us a call at 537-8811.

  
**Bancorp Leasing  
of Hawaii**

A subsidiary of Bancorp Hawaii, Inc.  
and an affiliate of Bank of Hawaii.

# It's Better.



# THE FIRST WORLD CONGRESS ON CANCERS OF THE SKIN

*Program Chairmen* Perry Robins, M.D., Alfred W. Kopf, M.D.  
*Co-Chairmen* A. Bernard Ackerman, M.D., Daniel C. Baker, M.D., Phillip R. Casson, M.D.

**May 18-20, 1983**  
**Grand Hyatt Hotel, New York City**

The World Congress on Cancers of the Skin, the first international conference to focus on cutaneous cancers — their diagnosis, treatment and prevention, offers a unique opportunity for the exchange of information on recent advances in medical research and current concepts in the diagnosis and management of these malignancies.

## THE PROGRAM

The Program, in an innovative format designed to encourage active participation and interaction with the faculty, features a variety of workshops, panel discussions, and roundtables, in addition to keynote addresses and debates on accepted and controversial issues relating to the clinical, histologic and therapeutic aspects of integumental cancers.

### DAY ONE

**Biology, Epidemiology, and Pathogenesis of Cutaneous Cancers.** Photocarcinogenesis and Sunscreens, Chemical and Viral Oncogenesis, Immunologic Aspects of Skin Cancer, including Photoimmunology.

### DAY TWO

**Malignant Melanoma — Research, Diagnosis, and Treatment.** Elective Lymph Node Dissection, Management of Congenital Nevocytic Nevi, Sunlight and Malignant Melanoma, and other related subject matter.

### DAY THREE

**Non-Melanoma Cancers of the Skin — Diagnosis and Management of Basal-cell & Squamous-Cell Carcinomas, Lymphomas, Kaposi's Sarcoma.** A Tumor Conference offering individual case studies for analysis by a panel of multi-disciplinary experts.

## THE FACULTY

The Faculty of fifty-four world-renowned authorities is drawn from such specialties as dermatology, otolaryngology, plastic surgery, dermatopathology, photobiology, ophthalmology, virology, immunology, oncology, radiology, physiology, and epidemiology.

A. Bernard Ackerman, M.D.	Margaret L. Kripke, Ph.D.
Philip L. Bailin, M.D.	John A. H. Lee, M.D.
Daniel C. Baker, M.D.	Michael Mastrangelo, M.D.
Charles M. Balch, M.D.	Martin C. Mihm, Jr., M.D.
Robert S. Bart, M.D.	Constantin Orfanos, M.D.
David R. Bickers, M.D.	Madhu A. Pathak, M.B., Ph.D.
Gunther Burg, M.D.	George L. Popkin, M.D.
Jean-Claude Bystryn, M.D.	Arthur R. Rhodes, M.D.
Phillip R. Casson, M.D.	Darrell S. Rigel, M.D.
John Conley, M.D.	Perry Robins, M.D.
Calvin L. Day, Jr. M.D.	René Rodriguez-Sains, M.D.
Richard L. Edelson, M.D.	Daniel F. Roses, M.D.
Anthony Farina, M.D.	Bijan Safai, M.D.
Thomas B. Fitzpatrick, M.D.	Robert M. Sayre, Ph.D.
Robert J. Friedman, M.D.	Philippe Shubik, M.D.
Alvin E. Friedman-Kien, M.D.	Jerome L. Shupack, M.D.
Herbert Goldschmidt, M.D.	David N. Silvers, M.D.
Frederick M. Golomb, M.D.	Arthur J. Sober, M.D.
Geoffrey J. Gottlieb, M.D.	Elliott Strong, M.D.
Gloria Graham, M.D.	Douglas Torre, M.D.
Mark H. Greene, M.D.	Helmut Tritsch, M.D.
Franz Greiter, Ph.D.	Theodore A. Tromovitch, M.D.
Stephen L. Gumport, M.D.	Frederick Urbach, M.D.
Matthew N. Harris, M.D.	Fred Valentine, M.D.
Glenn W. Jelks, M.D.	Willem A. van Vloten, M.D.
Birger Konz, M.D.	Umberto Veronesi, M.D.
Alfred W. Kopf, M.D.	Isaac Willis, M.D.

**CME Credit** — approved for 19 Category 1AE credit hours by the American Academy of Dermatology

**Registration:** \$300; \$200 for physicians in training.

### Information and Applications:

The Skin Cancer Foundation  
475 Park Avenue South  
New York, NY 10016  
(212) 725-5176



Presented by

**THE  
SKIN  
CANCER  
FOUNDATION**



DECEMBER 1982  
VOL. 41, NO. 12

# Hawaii Medical Journal

## CONTENTS

Editorials	461
Continuing Medical Education	461
LSD—A Generation Later	
Marjorie Livingston, B.A.	462
HCMS Auxiliary	471
Clinical Pathologist's Easy Chair	471
News and Notes	472
Clinical Update	478
Book Reviews	478
Letters to the Editor	480
Over the Editor's Desk	482

U OF CA-SAN FRANCISCO  
THE LIBRARY  
ACQUISITIONS DIVISION  
SAN FRANCISCO, CA 94143

LIBRARY  
U.C. SAN FRANCISCO

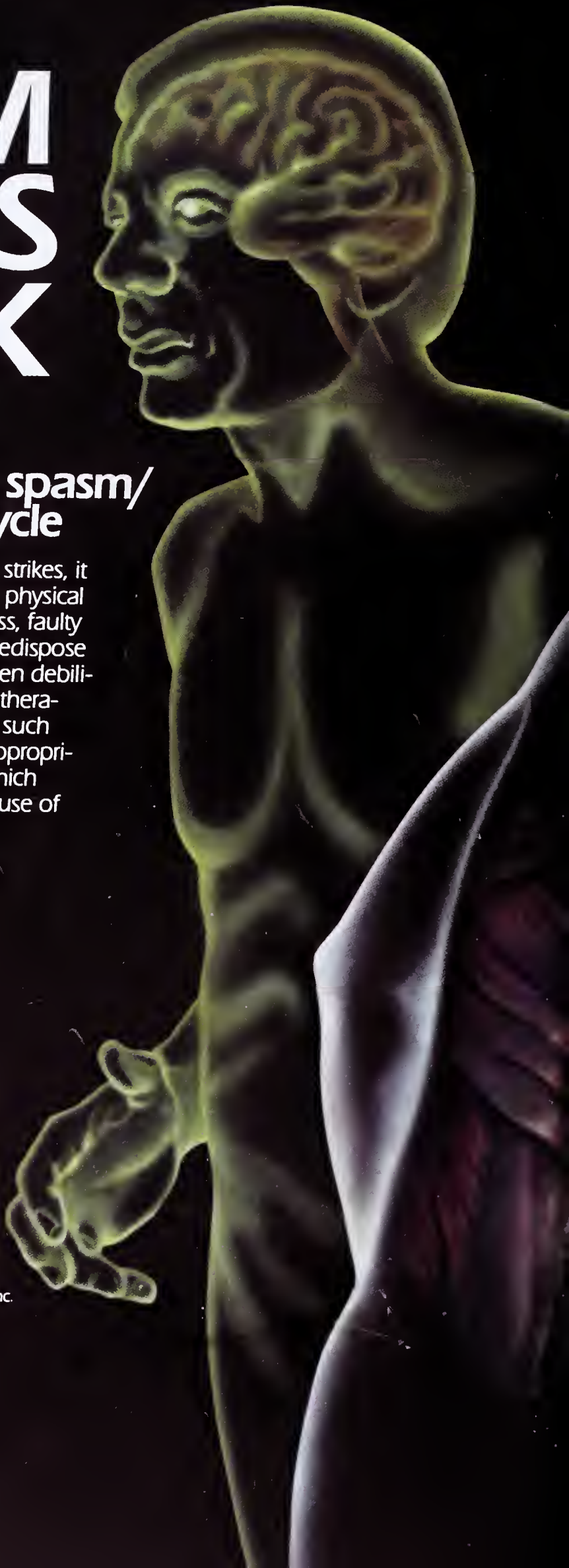
JAN 7 1983

# SPASM STRIKES BACK

## Renewing the spasm/ pain/spasm cycle

Once skeletal muscle spasm strikes, it may recur—usually because physical factors (e.g., muscle weakness, faulty posture, obesity) exist that predispose the patient to this painful, even debilitating problem.<sup>1,2</sup> The key to therapeutic relief lies in correcting such factors and applying other appropriate therapeutic measures, which often include the adjunctive use of Valium® (diazepam/Roche).<sup>1</sup>

Copyright © 1982 by Roche Products Inc.  
All rights reserved.







In some patients with skeletal muscle spasm who also experience excessive anxiety, Valium (diazepam/Roche) offers a distinct dual advantage since it is indicated for the management of anxiety disorders and also adjunctively for the relief of muscle spasm due to local pathology.

In addition to helping to relieve skeletal muscle spasm due to local pathology (e.g., herniated lumbosacral discs or acute muscle strain), adjunctive Valium is indicated in major musculoskeletal diseases: cerebral palsy, upper motor neuron disorders, athetosis and stiff-man syndrome—a wider range of uses than for cyclobenzaprine, which has not been found effective in the treatment of spasticity associated with cerebral or spinal cord disease or in children with cerebral palsy. Since drowsiness, fatigue and ataxia sometimes occur, patients should be cautioned against engaging in occupations requiring complete mental alertness, such as driving or operating hazardous machinery. They should also be advised against simultaneous ingestion of alcohol and other CNS-depressant agents or drugs during therapy.

**In skeletal muscle spasm due to  
local pathology.**

Adjunctive  
**VALIUM<sup>®</sup>**  
diazepam/Roche<sup>®</sup>  
2-mg, 5-mg, 10-mg scored tablets

Please see references and summary of product information on following page.

# Adjunctive **VALIUM**<sup>®</sup> diazepam/Roche

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not as sole therapy).

The effectiveness of Valium in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anti-convulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anti-convulsants, consider carefully pharmacology of agents employed, drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

The clearance of Valium and certain other benzodiazepines can be delayed in association with Tagamet (cimetidine) administration. The clinical significance of this is unclear.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect. **Adults:** Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d., adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. [See Precautions.] **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**How Supplied:** For oral administration, Valium scored tablets—2 mg, white; 5 mg, yellow; 10 mg, blue—bottles of 100\* and 500;\* Prescription Paks of 50, available in trays of 10.\* Tel-E-Dose<sup>®</sup> packages of 100, available in trays of 4 reverse-numbered boxes of 25,† and in boxes containing 10 strips of 10.†

\*Supplied by Roche Products Inc., Manati, Puerto Rico 00701

†Supplied by Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110



ROCHE PRODUCTS INC.  
Manati, Puerto Rico 00701

**References:** 1. Rankin EA. *Contin Educ* 3(1):46-50, Jan 1975.  
2. When muscle spasm hobbles your patient. *Patient Care* 8(1):20-37, Jun 1, 1974.

# Hawaii MEDICAL JOURNAL

(USPS 237-640)

Published Monthly for the  
**HAWAII MEDICAL ASSOCIATION**  
(Incorporated in 1856 under the Monarchy)  
320 Ward Avenue, Honolulu, Hawaii 96814

## EDITORS

**Editor,** HARRY L. ARNOLD, JR., M.D.  
**News Editor,** HENRY N. YOKOYAMA, M.D.  
**Managing Editor,** DORIS R. JASINSKI, M.D., M.P.H.  
**Assistant Editor and Book Review Editor,**  
DOUGLAS G. MASSEY, M.D.  
**Contributing Editors,** JOHN M. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
CHARLES S. JUDD, JR., M.D.,  
J.I. FREDERICK REPPUN, M.D.  
**Editorial Assistants:** JENNIE ASATO, BECKY KENDRO

**Editorial Board:** NORMAN GOLDSTEIN, M.D.,  
RALPH W. HALE, M.D., THOMAS C. HALL, M.D.,  
ROBERT T. S. JIM, M.D., JAMES LUMENG, M.D.,  
FRANCIS D. PIEN, M.D., SIANG YONG TAN, M.D.,  
THOMAS J. WHELAN, JR., M.D.,

**Publications Committee:** CHARLOTTE M. FLORINE, M.D.  
(Commissioner)  
HENRY N. YOKOYAMA, M.D.  
(Chairman)  
HARRY L. ARNOLD, JR., M.D.,  
JOHN C. CORBOY, M.D.,  
FRANCIS H. FUKUNAGA, M.D.,  
WILLIAM J. HOLMES, M.D.,  
DORIS R. JASINSKI, M.D.,  
JAMES LUMENG, M.D.,  
JAMES P. MCGUIRE, M.D.,  
J. JUDSON McNAMARA, M.D.,  
BAL RAJ MEHTA, M.D.,  
J.I. FREDERICK REPPUN, M.D.,  
SIANG YONG TAN, M.D.,  
TERRY C.Y. WONG, M.D.,  
DOROTHY SHEPARD (HMA Auxiliary)

## OFFICERS

**President,** CALVIN C.M. KAM, M.D.  
**President-Elect,** SAKAE UEHARA, M.D.  
**Past President,** ANN B. CATTS, M.D.  
**Secretary,** RUSSELL T. STODD, M.D.  
**Treasurer,** WILLIAM H. HINDLE, M.D.

**County Presidents**  
**Hawaii,** ROBERT D. IRVINE, M.D.  
**Honolulu,** THOMAS G. CAHILL, M.D.  
**Kauai,** JOHN W. NEWMAN, M.D.  
**Maui,** MICHAEL R. SAVONA, M.D.  
**West Hawaii,** KENNETH GRANT, M.D.

**Delegate to AMA,**  
HERBERT Y.H. CHINN, M.D.  
**Alternate Delegate to AMA,**  
WILLIAM E. IACONETTI, M.D.

**Advertising Representatives**  
National  
**UNITED MEDIA ASSOCIATES, INC.**  
16 Bruce Park Avenue  
Greenwich, Connecticut 06830  
Phone (203) 661-9702

Honolulu:  
**CROSSROADS PRESS, INC.**  
Post Office Box 833  
Honolulu, Hawaii 96808  
Phone (808) 521-0021

THE JOURNAL may not be held responsible for opinions expressed in papers, discussions, communications, or advertisements. The advertising policy of the HAWAII MEDICAL JOURNAL is governed by the rules of the Council on Drugs of the American Medical Association. The right is reserved to reject material submitted for editorial or advertising columns. The HAWAII MEDICAL JOURNAL (USPS 237-640) is published monthly by Crossroads Press, Inc., for the Hawaii Medical Association, 320 Ward Avenue, Honolulu, Hawaii 96814. Second-class postage paid at Honolulu, Hawaii. Non-member subscriptions are \$15. POSTMASTER: Send address changes to the HAWAII MEDICAL JOURNAL, 320 Ward Avenue, Honolulu, Hawaii 96814. Copyright 1982 by the Hawaii Medical Association. Printed in U.S.A.





## Editorials

### A Psychedelic Report

In this issue, we are printing the remembrances and reactions of a Honolulu lady who, about 20 years ago, was administered LSD in a clinical, medical setting, as part of the basic research into the properties and effects of this most maligned and still very interesting drug.

Just about every physician in practice over the last 2 decades can relate horror stories of patients who, advertently or inadvertently, were exposed to LSD. Popular songs have been written about it (e.g., "Lucy in the Sky with Diamonds").

Old-timers and faithful attendees of Honolulu County Medical Society meetings will recall Dr. William Stevens' presentation one evening 18 or 19 years ago at the Mabel Smyth Auditorium on this new drug with great potential for psychiatry.

Undoubtedly, this report we now print will excite much interest, and we anticipate quite a few responses, some of them possibly most negative in character. However, in the interest of scientific disquisition, we present, essentially unaltered, the article.

DRJ

### Caveat Emptor

My friend Arturo had been having back pains, which he suspected had come from lifting boxes on the job. The chiropractor he consulted said it was "multiple subluxations," and certified that this was a workers' compensation injury requiring a prolonged course of therapy.

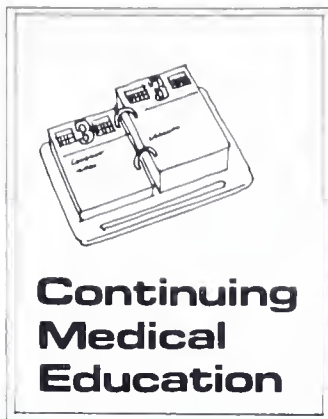
For a while Arturo seemed to be getting better, but then the treatments didn't seem to work anymore. He was having trouble walking, and there were leg pains now. The chiropractor had recommended increasing to daily manipulations, but Arturo's neighbor suggested acupuncture.

So my friend tried acupuncture. His family urged that he see a real doctor, but for some reason Arturo was reluctant and went ahead with the prescribed therapy. After months of smoking needles and herb tea, Arturo was walking with a cane. He could barely get around and was having urinary problems. When I saw him he looked quite gaunt, so we dragged him to his family's physician who made the diagnosis within the hour: prostatic carcinoma with spinal invasion and peripheral metastases.

The rest of the story was grim but mercifully short. During one hospital visit, we gently wondered why Arturo had delayed so long: "The chiropractor insisted that he was a 'state licensed doctor' and that I was the most typical case of worker's back strain he had seen; he said that multiple subluxations just take years to respond. The acupuncturist told me that in the Orient they don't need tests for diagnosis because the treatment will work against any disease."

After Arturo died, I was angry that he had lost a precious year in expensive and unpleasant treatments, while being dissuaded from seeking proper care until it was too late: "There ought to be a law!" Now, I'm less angry but more sad: this could happen in 1982 to an intelligent person of means. And I sigh, and shrug, and wonder where the real fault lies.

JMC



## Continuing Medical Education

### CALENDAR OF ACCREDITED EVENTS—CATEGORY 1

(Accredited Programs of CME allow one unit of AMA credit for each hour of instruction excluding all "breaks.")

#### LOCAL ACCREDITED PROGRAMS ONGOING

For a complete list of ongoing programs, please refer to the October 1982 issue of the HAWAII MEDICAL JOURNAL. Further information regarding ongoing events is available through the individual institutions or through the HMA's CME Department.

#### SPECIAL EVENTS

March 14-18, 1983 Allergy and Dermatology, Contact: Symposium Maui, Inc., P.O. Box 10185, Lahaina, Maui, Hawaii, 96761. At: Royal Lahaina Resort, Kaanapali Beach, Maui, Hawaii. Hr. for hr to 22 hrs.

March 14-18, 1983 University of Hawaii Sports Med. Course, 18 hrs., Category I. At: Princess Kaiulani Hotel, Waikiki. Contact: Joy Lewis, Box CE-CCES, 2530 Dole St., Honolulu, Hawaii 96822, (808) 948-8244.

## The United States Air Force Medical Corps

is currently accepting applications for the following specialities:

**General Surgery**  
**Orthopedic Surgery**  
**Otorhinolaryngology**  
**Anesthesiology**  
**Neurosurgery**  
**Rheumatology**  
**Ophthalmology**  
**Urology**  
**Ob/Gyn**

For further information call:

Tony Chapman at 546-5182  
 or drop by & visit Tony at the Federal Building, 300 Ala Moana Blvd., Honolulu.

Your confidentiality is assured.



# LSD— A Generation Later

Marjorie Livingston, B.A., Honolulu

• *Twenty years ago, when I was in an LSD research program, it was impossible to talk about this mind-expanding drug. Nobody knew what I was referring to.*

*Three years later, when that name was in the headlines and in everyone's mind as a terrifying symbol of depravity, to mention it was to invite suspicion. Even today, it is hard for most people to remember that LSD once led a respectable life as a serious, new experimental research drug.*

The research project I participated in was one of several projects authorized by Sandoz, the Swiss pharmaceutical house, and conducted in different cities around the world, to study the effects of diethylamide of d-lysergic acid-25.

## Discovery

In 1943, one of Sandoz' chemists, Dr. Albert Hofmann, accidentally discovered LSD. Working in his laboratory with an ergot derivative, which showed promise as a drug to alleviate migraine headaches, Dr. Hofmann unintentionally absorbed into his system a minute amount of one combination. Feeling dizzy, and strangely restless, he was forced to leave the laboratory and return home. "On arriving home, I lay down and sank into a kind of drunkenness, which was not unpleasant and which was characterized by extreme activity of the imagination. As I lay in a dazed condition with my eyes closed, there surged upon me an uninterrupted stream of fantastic images of extraordinary plasticity and vividness, accompanied by an intense kaleidoscope-like play of colors. This condition passed after two hours." He could not imagine how any compound "could have found its way into my body in sufficient quantity to produce this effect."

A few days later, Dr. Hofmann systematically proceeded to test—on himself—the "lowest dose that might have been expected to have any effect." A cautious scientist, he chose, as a dosage, 250 micrograms ( $\mu\text{g}$ ), an infinitesimal amount of this untested drug.

As he began to experience perceptual changes, he carefully annotated all effects. A half hour later, his notes trailed off: he was no longer able to continue. His lab assistant accompanied him home.

## Space Perception

Bicycling through Basle, Dr. Hofmann felt that their progress was suddenly reversed, then felt he was unable to move

from the spot, though later his assistant reported to him that they had cycled home at a good pace.

Once home, he lay down, thought that he had gone out of his body, wondered if he had died. Vivid colors, brilliant geometric designs, erupted childhood memories, a feeling of time and space as arbitrary constructs, and seemingly profound insights flowed through him. He became, he says, unsure of ever returning from this strange world.

Six hours later, the major effects had worn off. "At about 1 o'clock I fell asleep, and woke the next morning feeling perfectly fine." In later research, 250  $\mu\text{g}$  was found to be a high dose of this extraordinary substance.

Dr. Hofmann's descriptions of his experience to a colleague, Dr. Werner Stoll, of Zurich, convinced Stoll to run the first scientific study of LSD on "normal" volunteers and mental patients. His reports stimulated other research which confirmed his findings that "LSD is the most powerful psycho-active drug ever known."

## Research in Honolulu

Sandoz authorized a research committee to extend the work, granting licenses to qualified investigators in various countries. One of these was, in 1959, Dr. William Stevens of Honolulu, Hawaii, director of the Clinic for Counselling and Psychotherapy. He hoped that this substance would prove to be a more effective method of finding the underlying causes of emotional and psychosomatic disorders.

When Dr. Stevens told me he was embarking on a research program to study the effects of a powerful new drug that opened up minds in a way never before known, I volunteered. Always intrigued with the mysteries of the mind, and always open to adventure, I saw this as an opportunity to explore inner spaces.

"Our present-day methods of psychotherapy, although greatly improved over the old procedures, are still too lengthy, too costly, and they don't always produce

results," Dr. Stevens told me. Confidence was no problem; in an earlier association, I had developed respect for Dr. Stevens' judgment and non-manipulative way of working.

After he had accepted me into his program, I had several conferences with him, where I learned about the material being tested, answered questions about the here-and-now of my life, and explored any anxieties I had about losing control or leaving my body.

My first session was scheduled for 8 a.m. on June 14, 1960. On that day, without breakfast, as per instructions, I reported to the clinic. Between anticipation and anxiety, I had not slept much the night before. But the familiar atmosphere and Dr. Stevens' reassuring smile relaxed me and I was ready to start. The setting was attractive—a small room comfortably furnished, with thick carpets, soft lamplight, flowers, paintings, stereo music. A pleasant place, I thought, to spend the next 6-8 hours.

## A Clear Liquid

The doctor handed me a tiny glass of clear liquid. (What! This is a mind-blower? They must be kidding!) After I swallowed it, I sat on the edge of the couch listening to Bill, while he reminded me to keep the experience an interior one. He handed me a black sleep shade to put over my eyes when I began to feel the effects of the drug. I felt like a skier at the top of a mountain, posed for a steep run.

In about 20 minutes, when I had begun to feel dizzy, I lay down and was immediately carried off into space. It was a space that was an incredible kaleidoscope of color, where music enveloped and spun me through layers of time, where I seemed to see the sound of a passing bus vibrating in shimmering lines of color. Time, space, thought, color were all flowing and interchangeable, memory and perception elastic, all a oneness.

## Becoming Music

I became aware of the music, as it wove itself around and through me, not just understanding it, but *becoming* the beating drum, the stringed instrument being plucked. I was the listener and the sound, the moment of sound, the essence of sound. A lullaby made me cry. Recently our little daughter had sung the same song in a school program and I had been deeply moved, but had shed no tears then. Now they came. The song also simultaneously carried me back to a painful moment in my childhood. My tears were for that moment too.

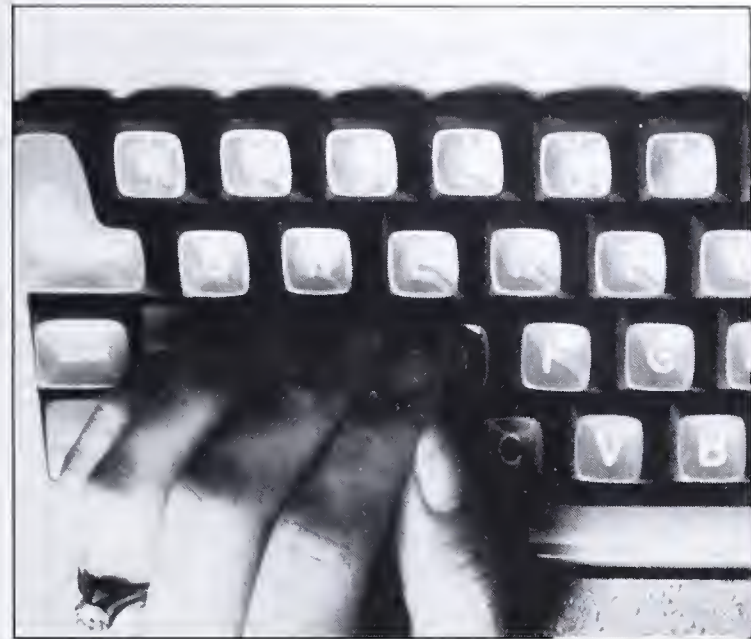
This pain catapulted me down into a deep, black pit where all color had gone out of life, where life was unending struggle, where despair ruled with a dead hand. For a seemingly interminable time,

HAWAII MEDICAL JOURNAL



# Leasing Isn't What It Used To Be.

## It's Better.



Businesses today need the benefits that equipment leasing offers...lower costs, improved cash flow, flexible terms, fixed rate financing, conservation of capital and more.

New tax laws have increased both the Investment Tax Credit and depreciation benefits available through leasing. That means that many lease rates are now lower than ever.

At Bancorp Leasing we have the expertise to put these expanded tax advantages to work for you, and we can structure a lease that suits your needs perfectly. Now that leasing is better than ever, you need Bancorp Leasing more than ever. Give us a call at 537-8811.



### **Bancorp Leasing of Hawaii**

A subsidiary of Bancorp Hawaii, Inc.  
and an affiliate of Bank of Hawaii.



I wrestled in this dark pit, trying to find meaning. I became the pain of all people I saw working and battling their way through their endless lives. With them, I inched my way through roaring waters, our feet slipping perilously. I crossed endless hot, dry deserts with them. I climbed over rugged, rocky, high mountain passes, barely able to breathe in the high, thin air. Again I wept, an earth mother weeping for all her children.

After this eternity of unremitting effort, I became aware that I was trying to wipe some smothering, filmy, blood-specked substance from my face, a stringiness from across my mouth. I couldn't wipe it away for a long time, and, when I finally did, I gasped for air, air that smelled so good and fresh.

Coming back into the room for a moment, I said to Bill, who had been sitting close by through all this eternity, "Now I suppose you're going to tell me that I'm reliving my birth." "Well," he said, "some of our people have reported back such experiences." "Oh, that's just tabloid stuff," I snorted and then went back and finished being born.

### Images and Patterns

Astounded, I pushed the sleep shade onto my forehead. I wanted to look around, to touch base. Looking at Bill's face, I could see layers of it peeling off, down to the skeleton, and then building back up again. Then it became streaked with color and designs, with tatoos, with Indian and Eskimo patterns. Then, amazingly, his face became an ape's, then flowed, in almost evolutionary progression, into grotesque masks of man through the ages past and even into the future.

Reminded by Bill to stay inside, I pulled the eyeshade over my eyes again. I found myself moving through myriads of civilizations. I was on the moors of Scotland, in crowded Indian villages, deep in the coal mines of Wales, in Celtic camps, with African dancers, in French cathedrals, and on Polynesian canoes. I was part of a rich, colorful tapestry. No embroideries in gold, no jewels, no music, no words are exquisite enough to describe the richness I experienced. The music took on a oneness, the universality I felt, and Kashmir songs were European, Indian drums Tahitian, and I vibrated intensely in this music, riding out on a note through space in the incredibly long time between each sound.

### Moving into Gray

Slowly the color faded and I moved into a gray world, an Oriental world of gray-robed priests with large black fans, sitting in a semi-circle upon a temple floor, watching young boy temple dancers. As this scene faded, another gray world swam into my awareness: gray people in gray clothes, leading gray lives

in gray houses. I walked down a cobblestone street through this puritan community on a bleak fall day. The salt spray from the nearby ocean cut across the wind. Among the people walking sedately by, I noticed a gray-robed girl striding towards me with bounce and briskness. With a shock of recognition, she seemed to be me! I was startled to notice that, from under her gray robe would come, in the briskness of her walk, occasional flashes of a scarlet petticoat.

Finally, there came a vision of the irreducible becoming just the outer limits of a yet smaller time and space, while the ultimate could easily be only the beginning of yet a larger time and space. Wheels within wheels. I felt that I was glimpsing the expanding universe, that I was peeking over the threshold into an undreamed-of dimension for awhile. I was a child being lifted to view something wondrous.

"Am I in Bill Stevens' experiment or is he and his research just one part of life's experiment?"

Trailing questions like these, I gradually came out of this richness, back into the clumsiness of a body, of time, of words and talk. Briefly I went again through that strange sensation of gulp and stringiness around my mouth. I had to touch my arm and the coffee table to feel their solidity in order to convince myself that this was a reality, the reality in which we live.

Outside the building, the world felt as if it had recently been washed clean. The traffic became moving bits of bright color. A rainbow over Manoa Valley was magic.

I lay awake long into the night, thinking of all the implications of what I had experienced, then fell into a deep sleep. I woke the next morning energized and refreshed.

Before leaving his office the afternoon before, I had asked Bill, "Where did all this come from?" "It's all inside of you," he had said. "The drug just activates it." Me? A suburban housewife? It seemed to me that this was as close as a finite being on this plane of existence could come to totally experiencing everything at once.

There were 6 other sessions before I ended the program, each one uniquely different—some more biographical than transcendent, some more filled with cellular awareness than cosmic, some more historical than evolutionary. At no time were there any negative effects. Instead, a fresh richness and understanding came into my life.

Over the cooking, the dishes, and the driving, I found time to think about these experiences. I wanted to integrate them into my life. I searched for any writings on the experience and found Alan Watts' *Joyous Cosmology* and Aldous Huxley's *The Doors of Perception*. I went to the university and audited all of Mitsuo Aoki's courses on religion. I read in the

Eastern traditions, the Hindu *Rig Veda*, in Zen and Mahayana Buddhism, and found myself writing a paper called, "Seeking the Cosmic Dancer." I took up yoga. And I thought some more. Many of the things I had been doing lost their meaning; they were games I no longer wanted to play. My life simplified, I felt richer.

### Going Underground

In 1963, when the horror stories started to come out about LSD being misused by young people and by the CIA, both of whom were ignorant of its power, I went underground, as it were, but I kept thinking. In a way, my life split. I kept many of my old friends, who wouldn't have had the foggiest idea of what I had experienced or would have been horrified by the very term LSD, but I also continued my integration.

Often this was a lonely process. Many times I looked at people in a crowd and thought, "If you only knew what you are carrying around inside you! If you only knew who you really are!"

What caused those frightening headlines at that period? Why was this psycho-active drug so abused? Failing to appreciate its dynamic effect, many thought of it as a recreational drug and took it indiscriminately, as casually as they might smoke a cigarette or have a beer, anywhere, anytime. Often they had no knowledge of the purity or impurity of the drug they swallowed. Unprepared for the potent energies that were then unleashed, they panicked but found they had a whirlwind to control. If they were greatly armored against the material that was emerging from their unconscious, their panic worsened. As the drug expanded the frequencies they could enter, they became vulnerable, undefended, intensely aware of others, sensitive to the vibrations and thoughts around them. If the "vibes" were negative, paranoia set in, with all manner of bizarre and tragic results. The CIA and the U.S. Army, seeking a new weapon, slipped it to unsuspecting people who became convinced they were losing their minds. A few even committed suicide.

During the late 1960s, 2 million Americans bought on the street what they thought was LSD, but nearly all of it had been augmented with other chemicals. Many never had any LSD, but that name seemed the best name for selling any concoction. Pure Sandoz was, of course, no longer being made. At 1,000-3,000% mark-up, the street chemists felt it behooved them to find best-selling varieties, experimenting with a dash of strychnine, adding a few amphetamines to taste, or sprinkling in a measure of atropine.

When the horror stories made screaming headlines, states hastened to pass laws against the possession and selling of "drugs." In 1970, the United States




# TAX TIME



Don't let all the changes in state and federal tax laws get you down. Taxes of Hawaii has been the only complete source of information on all Hawaii taxes and their relationship to federal income taxes for 20 years.

Its more than 350 pages are packed with up-to-date information and tables. Order now to insure mailing immediately upon publication in early January. No price increase—still \$13.95 a copy, postage and tax included. For Mainland orders add \$1.65 for first-class postage. Discounts for 6 or more copies ordered at one time. Payment must accompany single copy orders.

 Crossroads Press, Inc.  
P.O. Box 833—Honolulu, Hi. 96808

PLEASE PRINT

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send \_\_\_\_\_ copies of 1983 edition of  
TAXES OF HAWAII at \$13.95 per copy, postpaid.

☐ Payment enclosed ☐ Please invoice  
Required for single copy orders.



passed the Comprehensive Drug Abuse Prevention and Control Act. Research LSD was classed right along with the street "bastards" of the most questionable parentage. It had become known as *the* drug of abuse.

### Frightening Headlines

I was frightened by the headlines, too, with my children ranging in age then from 7 to 19. On the one hand, I could understand their Bob Dylan songs, and I knew what the Beatles' song, "Lucy in the Sky with Diamonds," was all about; I thought the light shows captured some of the essence of an LSD exterior experience; I could see why the Woodstock Festival was a spiritual high, despite the three days of incessant rain. But on the other hand, the scare stories really got to me. I was deeply concerned about anyone, young or old, who was buying God-knows-what without knowing the materials they were dealing with. I felt protective of all young people who might be vulnerable to a dealer's blandishments and to the "chicken" game that was being played, a crazy new prove-yourself-one-of-the-real-people games. So-called LSD, as it was being used, was terrifying. I warned my children against it; to our eldest, college-age daughter I explained why.

At college, she apparently passed on the warning. One day, a young woman classmate of hers stopped in Hawaii en route to India, one of the first of the enlightenment migration. Since she knew I had had some experience with the drug, she asked me about LSD. "Never get involved," I said, "unless you are in a supervised situation." "I'm hoping to reach some of the same levels through meditation in India," she said. My anxiety level went right down. She'll be OK, I thought. Two years later, while I was visiting at the college she attended with my daughter, she asked if she could talk with me privately. Just two weeks before, she told me, she had gone on a Harvard weekend with a young man she barely knew. At a party there, she had drunk some punch that was spiked with "acid." Her body became so vibrantly alive that she felt an overwhelming urge to proposition any man there, even though they were complete strangers. "I was so frightened, I locked myself in the bathroom for several hours. Now I know why you warned me against it."

Poor intellectual college girl, suddenly face-to-face in a locked dorm bathroom with the fully unleashed, primitive, sensual side of her nature.

### In Terminal Cancer

One of the few others with whom I shared my experience was a bright, beautiful young woman who had a storybook marriage and family and terminal cancer. Sitting at her bedside one day, I unexpectedly started to speak about my LSD

experiences. She had seemed depressed; this might be something to pique her curious mind and lift her mood. Her attention was immediately riveted. She saw how this might help her, and the next day she had an agreement from her doctor to supervise a session for her. In the session she was lifted into a cosmic realm, where she experienced streaming life energies moving and changing in infinite forms. She became convinced there were other realities beyond our own. On my last visit to her in the hospital she was unable to speak above a thin whisper but she motioned to me to put my ear close to her mouth. "I'm getting excited," she whispered. "I can't wait to see what is on the other side." She died that afternoon, peacefully.

Primitive fear and transcendence—what was one to make of such opposites?

Recently, I went to interview Bill Stevens, now retired from practice, about his project from the perspective of a generation later. Except for a couple of chance meetings around Honolulu, at Longs or the symphony, I hadn't seen Bill for nearly 18 years, the last time a project follow-up had been done. Driving out for our appointment, I felt a familiar old tape-loop from the past, the strange combination of curiosity and hesitation, a play-back from the research days when, reporting for a session, one never knew what strange worlds one would be meeting. Raising my hand to knock on his study door, I knocked into space—at that very moment he opened the door. His large, athletic frame filled the doorway. The delight of seeing an old friend again overcame any vestigial apprehension, and I followed him into his study.

Motioning me to the deep, soft leather chair by his desk, he asked if I'd join him in an iced tea, and, while he went to get it, I looked around at his shelves of books, carefully organized papers, neatly stacked folders and research files. A scholar's nest. Returning with the tea, he settled into his large swivel chair, leaned back and, true to his profession, asked me about myself.

As I talked, he listened with an attentive awareness sharpened by his years of counseling. Originally trained as a physician, he had soon realized that 70% of the complaints brought to a doctor's office were psychosomatic; illnesses rooted in emotional distress. With characteristic forthrightness, he had left Honolulu with his young family in 1951 to study client-centered therapy with Carl Rogers in Chicago. After returning to Honolulu three years later as a trained psychiatrist, he established the Clinic for Counseling and Psychotherapy. But he soon became concerned about the high cost of counseling, in both time and dollars, and began to cast about for a "more effective treatment method." At that time, he met Dr. Hofmann, then traveling through Honolulu, who suggested that his discovery

might be an answer. With some associates, Bill started a study, authorized by the Federal Food and Drug Administration and by the National Institute of Mental Health.

### Study Results

"What were your study results?" I asked. "Well, after testing 187 volunteers, representing 4,000 hours of sessions, we felt we had enough data. We did a detailed analytical follow-up with the 100 who had had 4 or more sessions." When I asked if he had an available copy of the analytical study, he said a copy was around somewhere, but "probably at the bottom of the stacks of boxes and books still to be unpacked" from his recent retirement move.

Instead, I had to refer to a 1963 newspaper interview with Dr. Stevens, quoting this preliminary summary of the report: "Nine out of 10 volunteers reported that LSD was a positive and helpful experience to them, and noted marked improvements in many areas, including self-understanding, self-acceptance, understanding of others, appreciation of life, emotional openness, general sense of well-being, self-confidence, optimism, and ability to express anger appropriately."

"The variety of mental and emotional reactions observed in the volunteers fell into 6 basic groups:

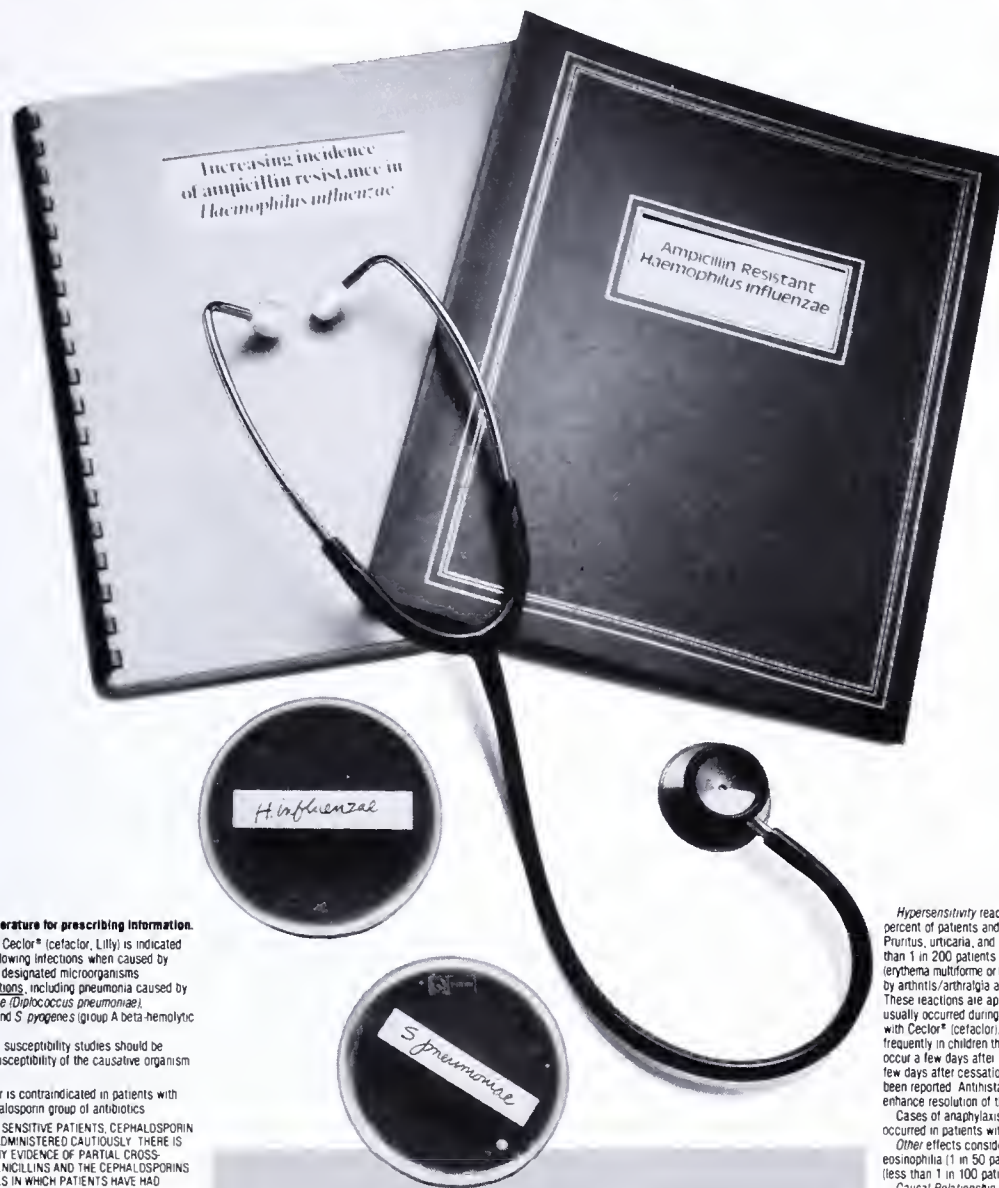
"Psychophysical—Time and again patients strikingly demonstrated how repressed emotions can cause physical symptoms . . . we have many times seen asthma dissolve into tears, splitting headaches into a temper tantrum, ulcer pain into love hunger . . .

"Affective—One of the principal effects of LSD is the release of affect (emotion) from the subconscious . . . it dissolved the psychic barriers and ego defenses, releasing a flood of pure emotions, intensely felt and openly expressed, such as fear, rage, sex, grief, laughter and ecstasy . . . the ability to let loose long-repressed feelings is probably why many volunteers said they felt 'cleansed' or 'purged' after an LSD session . . .

"Abreactive—The drug enabled the volunteers to strikingly recall or relive past experiences . . . We were startled at first, when some of our adult patients began to talk in childish voices, using baby words or reverting to some language they had used as a child before learning to speak English . . . many relived the various contortions of childbirth, complete with the first cry of breath, and spank on the bottom, the sting of silver nitrate in the eyes, and even the pain of circumcision . . . Some volunteers went backward in time, through the centuries, and described in vivid detail the events and scenes of medieval and ancient history that they couldn't possibly have known about . . . right on back



# An added complication... in the treatment of bacterial bronchitis\*



## Brief Summary.

Consult the package literature for prescribing information.  
**Indications and Usage:** Cefclor® (cefclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

**Lower respiratory infections,** including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefclor.

**Contraindication:** Cefclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Precautions:** If an allergic reaction to cefclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistest® tablets but not with Tes Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

**Usage in Pregnancy:** Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

**Usage in Infancy:** Safety of this product for use in infants less than one month of age has not been established.

**Adverse Reactions:** Adverse effects considered related to cefclor therapy are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Cefclor.

## Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Cefclor.<sup>1-6</sup>

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cefclor.<sup>7</sup>

# Cefclor®

## cefclor

Pulvules®, 250 and 500 mg

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefclor® (cefclor). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain**—Transient abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic**—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic**—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal**—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).<sup>(100281R)</sup>

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

**Note:** Cefclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

## References

1. Antimicrob. Agents Chemother., 8:91, 1975.
2. Antimicrob. Agents Chemother., 11:470, 1977.
3. Antimicrob. Agents Chemother., 13:584, 1978.
4. Antimicrob. Agents Chemother., 12:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), 11:880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 487. New York: John Wiley & Sons, 1979.

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630



200066



through *Pithecanthropus erectus*, down the evolutionary scale from vertebrate to invertebrate, ending up as a single cell in some primordial ooze they routinely call 'the dawn of creation' . . .

**"Fantasy-Imagery—**When a volunteer's repressive defenses were strong . . . the emerging reaction was disguised as a fantasy or imagery . . .

**"Integrative—**The integration process has been described by volunteers as a feeling that all parts—physical, emotional, mental and spiritual—suddenly fell together for the first time in their lives in a state of complete inner harmony and unity with the environment . . .

**"Cosmic-Transcendental—**Some volunteers told of how they had just returned from an unbelievable journey into the cosmos—to the very center of eternity—and that mere mortal words were too feeble to describe the incident . . . they were impressed by a complete sense of timelessness and described the visual perception as being a brilliant white light, the light of a million blazing diamonds . . . . They also routinely described a profound sense of having discovered the ultimate secret of the universe—eternal truth, beauty, love and spiritual unity all rolled into one. Also, they noted that such limited concepts as God, the formal religions, and the recorded events of history on this tiny planet to date were 'mere peanuts—kindergarten stuff' compared to the scope of their universal enlightenment experience . . ."

Today, looking back, Dr. Stevens feels that, though reliving past experiences was helpful for the people in the study, LSD opened up too many emotional experiences simultaneously for his purposes of therapy. The most effective change seemed to have been to those who had "Huxley-esque" cosmic experiences, as if their consciousness had left their bodies and flowed into one-ness. "Perhaps this integrative, mystical experience would be useful to seminarians to help them understand the essential experience of what they're reading about in seminary."

He believes that LSD vividly pointed out the larger dimension, how much more we each have inside our mind than previously suspected. And he also came to value the physical aspects of the experiences. The current "talking therapies" he sees as mostly "furniture-arranging in the upper stories, without fixing the furnace or releasing the pressure in the boiler." After the program ended, he developed a non-verbal therapy, using many of his new insights. He terms it "an abreactive primary affect release" type of psychotherapy.

In 1964, the year he sent off his final report to Sandoz and the N.I.M.H., the headlines about the street use of LSD so frightened U.S. officials and state legislators that they moved to recall all research material. All research ground to a halt, its promise killed by panic.

## **Terror, Pain, and Darkness**

Of the few others whom I'd known as participants in the project, only one couple was available for an interview. Remembering that, at the time, they had reported difficult experiences, I was particularly curious about their view of those shattering times from the perspective of 20 years later. They described them vividly with words like "terror," "pain," "struggle," "anxiety," "blackness," "hopelessness." For Jim, these dark trips lasted the whole session and alternated with completely positive sessions; for Marilyn, the positive and negative alternated in each session. Later, Jim came to recognize that his was death experience, followed by a trying birth experience, one in which he found himself gasping, afraid of not getting another breath. At each session, Marilyn kept moving from bright, exalted space to dark, depressed ones, then back again, as if experiencing deeply the two poles of life.

"What of your positive experiences?" I asked. Both Jim and Marilyn felt that they had been powerful, unifying, and truly mystical. "At the height of the mystical, I was It, everything was a part of me and I was a part of everything," he said, adding wistfully, "Impossible to put into words."

Lasting effects they reported were an awareness of other realities, an appreciation of synchronicity in their lives, a loss of any fear of death, and a deepened appreciation of music. "Whenever I hear 'The Emperor Concerto,'" Marilyn said, "I take off for the Milky Way again." They have never had any desire to take the drug again, though they sometimes try to recapture from memory the transcendent aspects.

"Do you think LSD has a future, assuming it's legalized again?"

"Yes, definitely," they agreed, "if it can be controlled and used responsibly."

"Looking back, do you regret having been in the program?"

"Oh, no," they both responded enthusiastically. "It was a tremendous experience."

## **Reality and Relationship**

My response is no less enthusiastic. Through my involvement I learned what a multi-dimensional nature is man's. I realized that we are still evolving and that our minds are inestimably larger than we'd ever dreamed. Limitless, perhaps. Reality is clearly a do-it-yourself operation; each of us selects his own reality, creates it. Instead of being isolated creatures, we are interwoven with all life in intimate webs of relationship. We are fields of consciousness and, as "holographic units" of the universe, we contain all necessary, basic knowledge, if we but tap it. Everything is a manifestation of life's energy, and death is not to be feared. I

learned this knowledge, not as intellectual concepts, but convincingly, as experiential knowledge, and it radically altered my consciousness.

These insights have led, for me, to an increased interest in anthropology, in the environment, in planetary citizenship, in outer space exploration, in holistic medicine, in paranormal experiences, and in the world view of quantum physics. They have increased my sensitivity to the arts, to color, to music. Alterations in consciousness automatically change our lives, I discovered, because it is only through consciousness that we experience life.

What is the status of LSD today? Can one speak about it without raising the specters of the past? Apparently so. In 1977, Dr. Hofmann was invited by the University of California at Santa Cruz to lecture on his discovery and his subsequent work with other psychoactive substances: the psilocybin of mushrooms and the mescaline of the peyote cactus. "If you have come to see a guru, you find only a chemist," he announced in his thick Swiss-German accent at the beginning of his technical talk.

## **Titans or Rascals?**

Not so reticent were the members of a colloquium that followed his talk. Invited were many of the "titans of a passing age," as one student dubbed them (or "most exquisite rascals of the age," as Ram Das described them): Richard Alpert (Ram Das), Timothy Leary, Ralph Metzner, John Lilly, Alan Ginsberg, Stephen Gaskin, and others.

Looking back, they talked about how the LSD experience had changed their world view and, therefore, their lives; how many people in one generation had had a spiritual, integrative experience; and how, just as we're only now beginning to understand Einstein after 70 years, we are just starting to understand the collective impact of individual learning from LSD after only 20 years.

For this reason, they urged that studies be allowed again. They generally agreed that the LSD experience will, by offering us new visions of reality, give us more flexible minds and help us to prepare for the rapidly changing world of the future. Several panelists mentioned its ability to open up areas of deep inter-connectedness with our fellow man, both modern and traditional man, as well as with all life. "Can our home be saved so our species can live on it?" they asked. And one quoted Rusty Schweickart, an astronaut, as saying that being out in space is the best preparation for travel through inner space, and as proposing that a joint inner space/outer space program be set up.

A former editor of the L.A. Free Press asked how it was that Hofmann had not discovered LSD until April 1943, though





---

Everyone's talking  
about helping patients  
understand their  
prescription medication...

with your help,  
Roche has been doing  
something about it



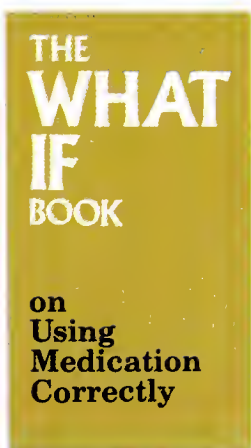
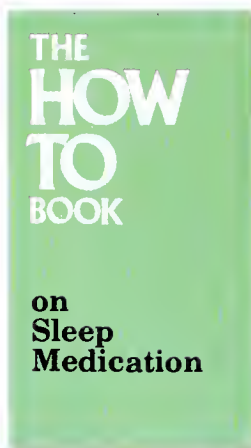
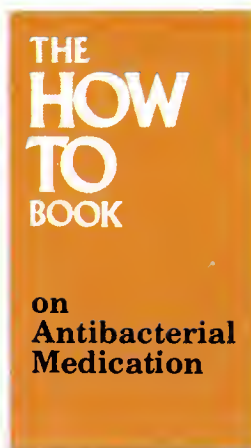
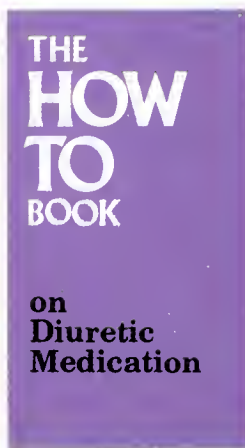
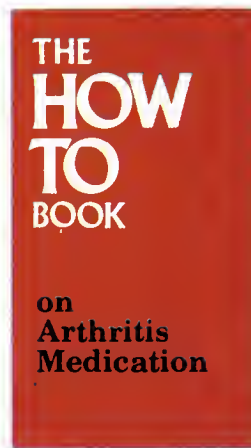
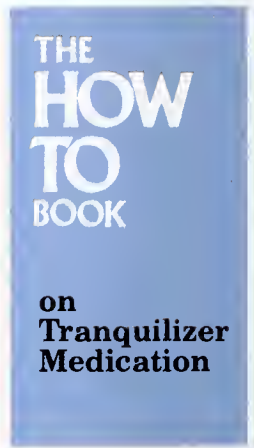
# WHAT IF

Roche Laboratories followed up the production and free distribution of 24 million copies of the Medication Education *WHAT IF Book* to patients via physicians, pharmacists and other health care professionals with a new series of booklets on important classes of medicines. The new booklets can be used with your patients to supplement your directions on

# HOW TO

- Use these classes of medicines appropriately
- Ensure maximum benefits from their proper use
- Avoid risks that can follow their misuse

Check below for free supply of booklets desired; complete coupon and mail to Professional Services Department, Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110.

☐☐☐☐☐☐

Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

Medicines that matter from people who care

PRINTED IN U.S.A.



he had worked with it 5 years earlier, using the same standardized techniques, but without absorbing it into his system? Answering his own question, the editor pointed out that just three months before, Fermi had triggered off the first controlled nuclear reaction at the University of Chicago. Could it be, he speculated, an intervention of higher design that this "fission of the mind," which offers such radical change in our consciousness, should appear "accidentally" at the same moment? Could it be an evolutionary step, to balance out the war technologies of the western world which seem to be leading us to the dead end of life's annihilation?

Interestingly, many of these early LSD explorers had found that they could get to some of the same inner spaces by sensory deprivation or sensory overload, isolation and fasting, or meditation. "In a sense," said Alan Ginsberg, "LSD isn't necessary. That's why it's OK." Meditation, another entry into the mind, albeit more arduous and slower, integrates as

the practitioner progresses and is, perhaps, a deeper, more lasting way.

But if, as the usually optimistic Buckminster Fuller suggested in a speech 2 years ago, our time is running out and we only have 10 more years to avoid Armageddon, perhaps instant satori/samadhi is demanded by the circumstances.

Richard Alpert's Indian guru said of LSD, "Well, America is a materialistic country. It is natural that it should find consciousness through a material."

Is LSD a tool, as Dr. Stan Grof suggests, whose power and range "rank it with the telescope and the microscope but which, instead of exploring the outer world of macrocosm and microcosm, explores the inner world of consciousness?"

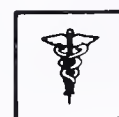
Twenty years is probably too soon to understand all its implications. In the meantime, we have seen through "the crack in the cosmic egg," to where a new vision of man and the universe seems to be forming. That picture should be clearer in another 20 years, another generation.

containing leukocytes, red blood cells and large amounts of protein. A large number of leukocytes usually are seen on a stained smear, although not in every case.

The enterotoxigenic group includes *Vibrio cholerae*, *Staphylococcus aureus*, *Clostridium difficile*, *Bacillus cereus*, and *Aeromonas hydrophilia*. *Vibrio cholerae*, transmitted by contaminated water and sometimes food, causes the most severe bacterial diarrhea and characteristically produces a "rice-water" stool. *Staphylococcus aureus* produces a heat-stable enterotoxin that usually causes vomiting but also may cause diarrhea. The illness begins 2 to 6 hours after eating contaminated food. *Clostridium difficile* causes the majority of antibiotic-associated pseudomembranous enterocolitis. *Clostridium perfringens* is the cause of the self-limited food-borne disease and is associated with contaminated meat. *Bacillus cereus* is a common cause of food-borne gastroenteritis in Europe. It causes a mild self-limited disease with diarrhea and vomiting. *Aeromonas hydrophilia* has been reported as a cause of enterotoxic diarrhea in children.

The enteroinvasive bacteria include *Salmonella*, *Shigella*, *Campylobacter*, *Yersinia*, and *Vibrio parahaemolyticus*. *Salmonella* invades the mucosa of the terminal ileum and also produces toxins. The infection may be a self-limited gastroenteritis, enteric fever, or septicemia. *Shigella* causes invasion and tissue destruction of the bowel mucosa. *Campylobacter jejuni* is the organism previously called *Vibrio fetus*, which veterinarians knew infected cattle, sheep, and birds. Only recently was it known to be associated with human infection. It is transmitted by contaminated food and water. The disease is usually self-limited, with duration less than a week. *Yersinia enterocolitica*, previously classified in the genus *Pasteurella*, causes enterocolitis, terminal ileitis, mesenteric lymphadenitis and may cause septicemia and meningitis. The cases of gastroenteritis are usually self-limited. *Vibrio parahaemolyticus* infection usually is due to contaminated shellfish. The illness usually subsides in 3 days. It has been isolated from coastal waters all over the world.

Enteropathogenic *E. coli* may be either enterotoxic or enteroinvasive. It is the major cause of traveler's diarrhea in Americans visiting less-developed countries and is a cause of diarrhea in small children in those countries and rarely in infants in the United States. The organism is indistinguishable both morphologically and biochemically from the usual *E. coli* in asymptomatic people. Only a few serotypes of *E. coli* are enterotoxic.



## HCMS AUXILIARY:

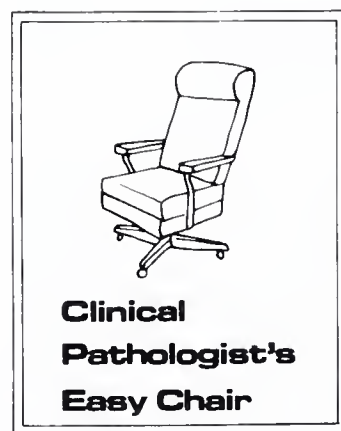
### Honolulu's 1981 Guest Day Program to Receive National Recognition

Facets, the magazine AMA Auxiliary members in all 50 states receive, will feature Honolulu County Auxiliary's November 1981 Guest Day program titled "Cross Cultural Caring" in their January 1983 issue. The magazine's cover and inside article with pictures will give details of the program. This event was chaired by Priscilla Ching Chung and co-chaired by Sharon Morton.

One of the most highly acclaimed and widely imitated community service program in the country is the Auxiliary to the Honolulu County Medical Society's annual Guest Day seminar. These seminars are usually on a health-related topic of general interest to the community, and are attended by representatives of hundreds of diverse organizations and institutions, as well as by interested individuals.

The 1983 Guest Day seminar is scheduled for Thursday, February 24, 1983, at the Hilton Hawaiian Village Tapa Tower. The topic to be examined will be "It's Still a Wonderful World: the Art of Rehabilitation." Co-chairmen of the seminar are Mrs. Unoji Goto and Mrs. Jerome L. Tucker. They will be assisted by Mrs. John McDermott, Mrs. Elmer Johnson, Mrs. Robert DiMauro, Mrs. John Callan, Mrs. Niranjana Rajdev, Mrs. Richard Dejournett, and Mrs. Clifford Strahley.

The seminar will include panels of rehabilitated people, families, and professionals who will be sharing their experiences and knowledge in this broad field.



Francis Fukunaga, M.D.

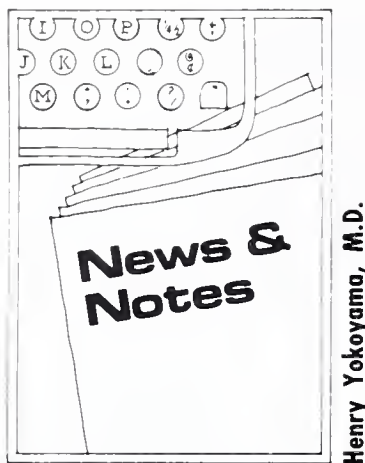
### Bacterial Diarrhea

Until recently most infectious diarrheal diseases were considered nonspecific, and pathogens were recognized in only a few cases, such as *Salmonella*, *Shigella*, enteropathogenic *E. coli*, and *Vibrio cholerae*. With the recognition of other bacterial pathogens, the group of "nonspecific" diarrhea has been reduced considerably although still is significant.

The cause of the diarrhea may be suggested by the history of recent travels and ingestion of certain foods or water. Protozoa that cause diarrhea include *Entamoeba histolytica* and *Giardia lamblia*. Rotavirus and parvo-virus-like agents, along with other unidentified viruses, also cause diarrhea.

Bacteria that cause diarrhea can be divided into two major groups: (1) enterotoxigenic bacteria that bind to specific receptor sites on the small bowel mucosal cells and stimulate fluid and electrolyte secretion that is devoid of blood and leukocytes; and (2) the enteroinvasive bacteria that invade the epithelium of the small bowel and colon, the diarrheal fluid





## We Heard

Aku say: "I think anyone who goes to see a psychiatrist should get his head examined . . ."

On KHVH: dilapidated VW beetle with the following bumper sticker: "Shucks! I could have had a V8 instead . . ."

## Life in These Parts

When his daughter lacerated her hand, HMA Executive Director Jon Won rushed her to the doctor's office. Jon reassured her, "Now, now . . . There's nothing to worry . . . Daddy will be right here holding your hand . . ." During the suturing, she suddenly yelped, "Ouch!" Jon asked anxiously, "Did it hurt that much?" "No, Daddy!" she scolded, "You squeezed my hand too hard . . ." (As told by **Tom Cahill**)

Our favorite columnist Bob Krauss wrote of a journey around Molokai by foot and outrigger canoe, starting from an ancient makahiki ground above the Kalaupapa settlement . . . The expedition started August 28 and was supposed to include veteran hiker **Charley Judd**, and Emmett Aluli of "Save Kahoolawe Ohana" fame.

During the state prison shakedown in December last year, some prisoners were apparently shaken up a bit . . . Prison physician Birendra Huja testified before the committee investigating the incident that he had to treat 23 injured inmates . . .

In July, Honolulu psychiatrist Kerry Monick, happy to be home from a trip to Australia, had her spirits dampened when she was greeted at the airport by officers who arrested her on 162 felony counts of Medicaid and mail fraud (which she forthwith denied) . . .

Our loveable SFH Home Health Services Director Charlotte Dennis certainly got her dander up about pending changes in the Medicare law which would require Medicare patients on home care to pay a 5% coinsurance . . . We don't blame Charlotte for feeling that this change will only increase the cost of health care, for patients will stay longer in general hospitals and SNF's instead of going home . . . (Ed: The original intent of the home care program was to keep patients out of hos-

pitals, thus cutting down on medical care costs . . . The Dept. of Health and Human Services is unwittingly discouraging home care . . .) Charlotte writes indignantly, "Is this proposed coinsurance going to be 'cost effective'? Or will it only contribute to continued escalation of health care costs?"

The Army's 68th Medical Detachment at Wheeler Air Force Base has a MAST (Medical Assistance to Safety and Traffic) service which airlifts patients to Honolulu. The service fills a training need for the Army, and the beauty of the service is that it is free . . . Now two private firms have proposed starting a helicopter service which would cost perhaps \$1,000 or so a delivery . . . Sensible City Health Director Anna Maria Brault has advised SHPDA that the private service is "unnecessary, wasteful, and cost-boosting . . ."

The City Council rescinded its decision to transfer the Oahu emergency medical service to the state and agreed to a \$5.1 million contract to keep city ambulances operating for another year. City Health Director Anna Maria Brault assured the city that the state will provide 100% reimbursement and free the city from having to collect ambulance fees . . .

In September 1978, a married woman, age 28, went to Kaiser's Koolau Clinic for a left breast lump . . . A mammogram showed fibrocystic disease . . . She was reassured, and told to come back in three months for a recheck . . . In January 1979, Clarence Baugh of Kaiser suspected cancer and recommended a biopsy under general anesthesia . . . She went to a Mainland institution for a second opinion and finally returned to Kaiser in March for the biopsy and modified radical. She died at age 31 in June 1981 . . . Her husband sued and was awarded \$180,000 because of the six-month delay in diagnosis and treatment . . . (Ed: With all the breast lumps we see, should our only recourse be surgery to avoid being sued?)

Star Bulletin Editor A.A. Smyser, who is an evangelist for the hospice movement in America, feels that we are on the verge of an important breakthrough . . . The Congressional Budget Office completed a budget analysis in June and concluded that bills HR 5180 and A. 1958 can actually save the Medicare program \$109 million in the first five years of passage.

## Miscellany

(Jokes by Claire Loo, MSD rep . . .) The Sunday school teacher was ranting and raving how God was everywhere and with us every moment of our day . . . Suzie raised her hand and asked, "Is God in the bathroom every morning, too?" "Oh yes! God is with us all day and night . . . Why do you ask?" "Well, dad gets up every morning, reads the paper and has his cup of coffee . . . Then he pounds on the bathroom door and yells, 'God! Are you still in there?'"

The obstetrician just delivered a baby and proudly announced in the doctor's lounge, "Just delivered a baby with three knees . . ." "What a freak!" cried an astonished colleague . . . "Well, no . . . It had a right knee, a left knee, and a weenie," chuckled the obstetrician . . .

Larry and Bob were avid golfers who lived to golf . . . One day Bob was unusually pensive . . . Larry asked if anything was wrong . . . Bob said, "I've been wondering . . . What if Heaven doesn't have any golf courses?" Larry suggested, "Well, whoever gets to Heaven first will come back and report." Several weeks later, Larry died in a freak accident . . . When he got to Heaven, sure enough, there were beautiful golf courses everywhere and one could play all day with angels for caddies . . . He went to St. Peter and pleaded to be allowed to report to his friend . . . St. Peter was touched by his sincerity and sent Larry back to earth . . . Bob's jaw dropped at the apparition of his friend but regained his composure when Larry said, "Bob, I have both good news and bad news . . ." "What's the good news?" asked Bob . . . Larry described how Heaven had enough golf courses to keep everyone happy . . . "Then, what's the bad news?" "The bad news is that you have an 8 o'clock starting time for this Friday . . ."

## Professional Moves

The following June announcement made us realize once again that a great teacher-physician and a friend to whom we all owed so much was actually gone—**"John M. Ohtani, M.D., Inc., announces that Dr. Steve Emura, specialist in obstetrics and gynecology, has agreed to continue the business of the corporation in accordance with the wishes of the late Dr. John M. Ohtani."** (With John's untimely death, Steve will have to carry on the tradition till John's son, Rob, finishes up and joins him) . . .

In June, OB Gyn person **Gaylyn Li-Ma** opened at Queens POB Suite 808 and eye-man **John Drouilhet** joined the Staub Clinic . . . **Joseph Andrews** retired from a lifetime (34 years) at Shangri-La (Kula Hospital). As a young doctor, fresh from the dirt and grime of industrial Pittsburgh, Joseph was attracted by the beauty, the easy pace, and the people of Maui . . . On the Big Island, pediatrician-medical columnist Richard C. Adler relocated to 1059 Kilauea Avenue, Hilo, and pathologist Joseph Wasielewski announced the opening of his Medical Diagnostic Services at 35 Shipman Stree, Hilo . . . In Honokaa, **Tawn Keeney** opened a general practice office at the former residential offices of Dr. Okada . . .

In July, the dam broke: orthoped **Morris Mitsunaga** and eye man **Jorge Camara** joined the Straub Clinic; gastroenterologist **Gerald Hiatt** opened at the Queen's POB; pediatrician Alan Masuda joined



the Pearl City Medical Associates, Inc.; internist **Joseph Murakami** opened his office at Kapiolani-Children's Medical Center; pediatrician Galen Chock joined his dad, W.T. Chock, at the Kuakini Medical Plaza; and dermatologist Francis Dann moved into Suite 603, KMP . . . Internist **David Strutin** joined the Fronk Clinic at Pearlridge and OB man **Montgomery Johns** joined Samuel Buist at 407 Uluniu Stree, Kailua . . . Pediatrician **Ronald Hino** joined Arlene Meyers in Mililani and Wahiawa, and internist Quynh Nguyen moved to St. Francis Hospital Neighborhood Health Center, 333 North King Street . . . We were happy to see an old friend, **Bill Walsh**, back in active practice with Birendra Huja and **Kenneth Hughes** at the Queen Emma Building, Suite 409 . . . On the Big Island, family practitioner Norman G. White is now associated with the Waimea Medical Associates at the Lucy Henriques Medical Center; psychiatrist Robert Bloomgarden opened at the Hilo Professional Building; and nationally known urologist Clarence Hodges is back in the saddle with an office at 75-5665 Kuakini Hwy . . .

## Miscellany

A wealthy young New Yorker was on an African safari when his gun went off and shot off his penis . . . He was evacuated to an ultra modern hospital where the doctors decided to transplant a baby elephant trunk to his stump using "Sandiomone," a new immunosuppressant . . . The Sandiomone worked and the transplant was successful . . . One day, he was shopping in a super market with his girl friend when the trunk suddenly emerged from his trouser leg and snatched a grapefruit from the counter . . . The friend gasped in disbelief and asked, "Can you do that again?" With a painful grin, he replied, "I suppose I can, but I doubt that my rectum can stand another grapefruit . . ." (As told by our friendly Sandoz rep, Charles Aono . . .)

## Conference Notes

Grant Stemmerman . . . KMC Oncology Conference . . . Notes therefrom:

Three specific diseases at high risk for gastric CA: a. Type A gastritis . . . e.g. Pernicious anemia; b. Type B gastritis: common in Japan and E. Europe . . . distal atrophy with intestinal metaplasia . . . c. gastroenterostomy: e.g. gastric remnants, 40 years post op . . . Common denominator: decreased acid content of stomach which results in nitrosification of food products . . .

Type A gastritis: Stomach capable of endogenous nitrosification . . . Endogenous nitrosification is a/e Valium, cimetidine, and Vistaril . . . Vitamins C and E block nitrosification in vitro studies . . . The Japan-Hawaii group (1968-1970) study shows a positive correlation of low

**ARE YOU BEING LEFT OUT?**  
You have until the end of this month to participate in the new Hawaii Medical Association Benefit Plan that allows you to

**SAVE 300%**

on Group Life Insurance and

**SAVE 30%**

on a high quality H.D.S. Dental Package that was negotiated exclusively for HMA by

**Benefit Consulting Services.**

**Call 523-2992 for details.**

## American Ambulance Service

- We welcome referrals from Physicians for their patients who require special medical transportation.
- Advanced Life Support Service available with direct MICT to Physician radio communications.
- Accept HMSA, DSSH & Medicare—other insurance welcome.
- Hawaii Certified EMT's & MICT's (paramedics)
- 24-Hour island-wide emergency & non-emergency service.



**845-2911**



Div. American Safety, Inc. P.O. Box 22217 Honolulu, HI 96822

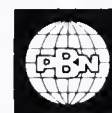
Dept. of Health  
Lic. '80-0003

## If you do business in Hawaii . . .

we have something for everyone in business and the professions. Straight news, features, penetrating columns, public record data,

personalities, even a bit of humor.

**. . . we have news for you**



**PACIFIC BUSINESS NEWS**

**For information call 521-0021.**

Vit E (from preserved serum) with stomach cancer ... Unfortunately Vit C stores badly in serum ... Beta carotene levels also have a strong correlation with gastric Ca ... Will addition of Vitamins C and E prevent gastric Ca, esp in patients with intestinal metaplasia? ...

Blood type A is a  $\bar{c}$  diffuse type gastric Ca ...

Intestinal type Ca metastasizes to the liver ... Indication for perfusing liver with chemotherapy ...

Diffuse type Ca metastasizes to the peritoneum ...

## Conference Notes

From Irwin Schatz's lecture, "Diagnosis of Acute Myocardial Infarction" ... QMC Medical Director Dennis Meyer said: "These are very exciting times to be involved in medical education, especially in cardiology ... Too often we run like young colts with a bit in our teeth ... I think we need a degree of rationality in our approach ... Dr. Schatz will speak on current concepts and misconceptions in cardiology ..."

Herein are random notes from Irwin's lecture:

"My approach to the diagnosis of acute myocardial infarction is balanced, conservative, and the right one ... You can have a little bit of sinusitis, low back pain, esophagitis, etc., but you cannot have a little bit of pregnancy, gall stones, or malignant melanoma ... There are many assumptions about MIs: that there are many silent MIs; that most of these are microinfarcts, and that some microinfarcts are not caused by coronary obstruction ..."

Questions: Should all MI patients be treated the same? Is there a "gold standard" for the diagnosis of acute MI? (Is there one test? Can we be specific about diagnosis?) "As myocardial cells die, their walls become permeable to macromolecules ... Among these are certain enzymes involved in normal metabolic function."

Enzyme studies include:

1. Glutamic oxaloacetic transaminase (first major advance) ... present in liver, skeletal muscle, brain, heart, and kidney ... Highest concentration in heart ... Detects 1 gm of necrosis of myocardium ... Rises within 8-12 hrs ... Peaks at 24-48 hrs ... Normal in 96 to 120 hrs ... Most important noncardiac causes: hepatic damage, shock and skeletal muscle damage ... Particularly useful when normal ...
2. Lactic acid dehydrogenase (LDH): wide distribution ... Rises within 24 hrs ... Peaks in 48 to 72 hrs ... Normal in 7 to 10 days ... Highly sensitive but quite non-specific. *LDH isoenzymes*: 5 separate isoenzymes ... Heart rich in I and II ... Acute MI: Rise more in I than II ... Also rises in anemia and renal infarction ...
3. Creatine phosphokinase (CPK): Present in heart, skeletal muscle and brain

... Rises within 6-8 hrs ... Peaks in 24 hrs ... Normal in 72 to 96 hrs ... Sensitive but nonspecific ... *CPK isoenzymes*: MM: skeletal and cardiac muscle; MB: cardiac muscle; BB: brain. "Is CK-MB the 'Gold Standard'? If too sensitive, positive in non-MI patients (e.g. radioimmune assay) It is likely that as presently used (electrophoretic screening method), almost all patients with significant cardiac necrosis will have positive CK-MB."

Possible approach (Swedish reports): Replace standard enzyme test (CK, GOT, LDH qd for 3 days) with CK-MB at 12 and 24 hrs after onset of pain ... To diagnose MI after 36 hrs: EKG: Diagnosis of acute MI only when there are new significant Q waves and serial, evolving ST-segment and T-wave changes ... Majority of acute MIs do not have these findings ...

Other Methods: Technetium pyrophosphate scan of minimal value ... Very sensitive, but extremely low specifically ... Nuclear wall motion studies and 2D echo of limited practical values.

RV Infarction: 20-25% of all inferior MIs ... Of clinical significance in 2-5% ... Clues: ST elevation in V3R; Sx's of RV failure (in presence of clear lungs); rise in RV and normal wedge pressures.

MI and anesthesia: Patients with documented previous MI: 6-7% reinfarction rate perioperatively vs. 0.13% in all patients ... Mortality rate in reinfarction: 54% ... Reinfarction silent in 21% ... The shorter the interval from previous MI, the greater the hazard; this stabilizes at 6 mos post MI ... *Avoid general anesthesia within 6 months of MI.*

Often unnecessary tests: Serum electrolytes; arterial blood gases; daily EKGs, CK, SGOT, LDH for 3 days ... Electrolytes only if patient has history of vomiting, diarrhea, diuretic use or renal insufficiency ... Not for baseline ... Arterial gases only if: chronic lung disease, severe breathlessness dyspnea, cigarette user ...

## Oncology Conference

A 64-year-old Japanese woman developed vague epigastric distress associated with nausea and vomiting and finally jaundice, when she saw her physician ... The liver margin was 19 cm below the costal margin, the technetium liver scan was negative and so was the hepatitis B profile. An ERCP showed a suspicious obstruction and biopsy of the ampulla revealed adenocarcinoma ... Pathologist **Larry McCarthy** commented, "If the pathologist can get the right tissue, he can make the correct diagnosis ..." The patient had a cholecystectomy, a pancreatic-gastrostomy, a gastrojejunostomy, and a choledochojejunostomy ... and was doing well postoperatively ... Moderator **Glenn Kokame** asked: "What do you think of the operation?" (referring to the pancreatico-gastrostomy, a recent innovation). **Francis Oda** replied, "You

can't fight success." S.K. Liao explained, "It's a fairly easy procedure." The chemotherapists had nothing to offer so Glenn turned to radiotherapist Carl Boyer ... "What about radiation?" Carl replied, "Radiation is good for lots of things, but not in this case." Chemotherapist **Mel Inamasu** suggested carcinoembryonic antigen CEA titres for follow up ... "The slope of the titre change may correlate with metastases." Seeing Grant Stemmerman with a cup of coffee, **Larry McCarthy** teased, "Stemmy. What do you think about your 10 cups of coffee?" (referring to the reported correlation of coffee and pancreatic CA). Stemmy hedged, "No comment ... I'm just finishing my third cup for the day ..."

## Life in These Parts

"Modern technology was taken another step toward providing quality health care in the home ... The step has reached Maui in the form of oxygen concentrators." (Maui News June 1)

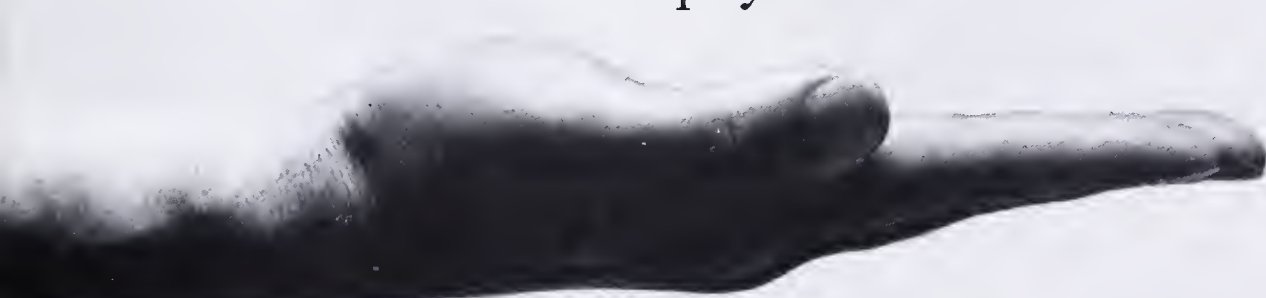
Costs at Hawaii's hospitals continue to spiral upward ... Increases from 5 to 30% (averaging 15%) in room rates and from 7 to 13 percent in overall hospital charges already have been instituted in hospitals throughout the state ... The DOH County-State Hospitals will increase 13.7% by September 1 ... Kapiolani-Children's Medical Center will keep the increase down to 5% in room rates and 6.9% overall because the center's increases last year exceeded the inflation rate ... Pearlridge Hospital will raise by 12%. Kaiser Foundation Hospital increased its rates 12.8% in January ... Straub Clinic and Hospital raised its rates 15% in January ... Queen's Medical Center increased its rates an overall 7% in April. St. Francis Hospital room rates rose 10.9% and ancillary charges 7.8% July 1. KMC will raise overall charges by 9% in July and Castle Memorial raised its rates by 10% in March ... Wahiawa Hospital raised rates a whopping 30% July 1 to pay for a major construction project and refurbishing the facility. The Rehab Hospital of the Pacific contemplates no rate hikes for the moment ... **Ray Morris**, VP for HMSA, says of Hilo Hospital's proposed 16% rate hike that it follows a 29.4% increase in October 1981 and a 50.3% increase in July 1980, boosting the hospital's rates 95.7% since the 1978 rate structure ... "that both hospital and medical rates are rising at rates far exceeding the rate of inflation ... In today's economy, I don't think budget deficits can be made up by passing the costs on to the consumers." **Andrew Sackett**, acting administrator at Hilo Hospital agreed ... "We're doing things the expensive way," Andrew said, pointing out the expense that overtime and contract nurses needed to supplement the understaffed nurses represents one major inefficiency ... "There are more efficient



# There's more to ZYLOPRIM<sup>®</sup> than (allopurinol).



- From Burroughs Wellcome Co. – the discoverer and developer of allopurinol
- Patient starter/conversion kits available for easy titration of initial dosage
- Patient compliance pamphlets available
- Continuing medical education materials available for physicians



**Prescribe for your patients as you would for yourself.**

*Write "D.A.W.," "No Sub," or "Medically Necessary,"  
as your state requires, to make sure  
your patient receives the original allopurinol.*



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709

ways of doing things." (Ed. Perhaps Ray Norris has a practical solution for the nursing shortage confronting the hospitals . . .)

International Life Support Ambulance Service which provides Maui with ambulance service is trying to establish a helicopter link between Maui County and Oahu hospitals . . . The company is also proposing helicopter service for Oahu and in the future, Kauai as well. It has applied to the State Health Planning and Development Agency (SHPDA) for approval and hopes to start the helicopter service soon . . .

The mayor is expected to sign a \$2.5 million health department budget, almost all of it to run the emergency ambulance system for 6 months. The council had ordered the ambulance service turned over to the state on January 1, but the state legislature rejected the transfer . . .

"There's a cruel realism in the equation of health care and hard times: As unemployment offices fill up, doctors' offices empty out." (New York Daily News)

The KCC two-year Associate of Science Medical Assisting Program has graduated its 11th class of 17 members.

Governor George Ariyoshi signed into law a bill that allows only doctors of medicine and osteopathy to determine and certify causes of deaths . . . (Ed: This leads us to wonder who did the certifying until now . . .)

With more than 270 hospitals nation-

wide withdrawing from Social Security because of its rising costs and their doubts about its future, Hawaii hospitals have been looking at the possibility of dropping out, but so far only one nursing home has filed a letter of intent to withdraw . . . (Unlike most private employers, non-profit organizations and local and state governments are not required to participate.)

A federally qualified HMO called Island Care, which has been operating on Kauai through the Kauai Medical Group for more than a year, is now being offered to Oahu residents under the sponsorship of the Honolulu Medical Group. The monthly rates are \$49.85 for a single member and \$155.15 for a family of three or more as compared to Kaiser's plan B, which costs \$41.76 for a single member and \$125.25 for family of 3 or more and \$1 per visit. HMSA's 2 HMOs, the HHH (Health Plan Hawaii) and CHP (Community Health Plan) charge as follows: HHH rate is \$47.14 for a single member and the family rate is \$131.46 with an additional \$5 charge per visit. The CHP is a full coverage plan with rates of \$57.36 per month and \$159.90 for a family.

A legislative auditor's report criticized the state Department of Regulatory Agency's accounting practices of the Patients' Compensation Fund, which was established in 1976 by the legislature during a crisis in medical malpractice insurance. The criticism was that the de-

partment's records for the compensation fund failed to take account of claims that were being settled or had not yet been filed . . .

**John Withers**, who writes the weekly column for Maui News, "Take Two Aspirin," appealed to the 150 registered nurses living on Maui and working outside their profession. "Your help is needed . . . Currently there is a nursing shortage at the hospital (Maui Memorial) . . . The pay scale and benefits are excellent, with RNs receiving \$1,624 monthly and LPNs receiving \$1,063 monthly . . . with excellent state retirement benefits and educational opportunities . . ."

UH pharmacology professor **Ted Norton** feels that the action level of heptachlor should be cut to a third of what it is now for the children's sake. The DOH uses the federal action level of 0.3 parts per million, but Norton feels that the level should be no higher than 0.1 ppm.

## Health Department

Chemoprophylaxis and Immunizations for Travelers (per Communicable Disease Report):

Malaria chemoprophylaxis: All travelers, regardless of age, should take prophylactic medication, even for visits as brief as one night, when traveling in areas where malaria exists (e.g., parts of Mexico, Haiti, Central America, South America, Africa, the Middle East, Turkey, the Indian sub-continent, southeast Asia, the People's Republic of China, the Indonesian archipelago, and a few areas of Oceania).

Chloroquine phosphate for *P. falciparum*: In areas where *P. falciparum* strains are resistant to chloroquine, take in addition to chloroquine, a once a week dose of 25 mg of pyrimethamine and 500 mg of sulfadoxine. Pregnant women can take chloroquine, but not pyrimethamine and sulfa.

Measles: Adolescents and young adults who have not received measles vaccine and who do not have a physician documented history of measles are advised to obtain a single dose of live measles vaccine before traveling.

Rubella: Adolescents and young adults who have not received rubella vaccine should have a single dose of live rubella virus vaccine when traveling to Australia, Japan, Hong Kong and other rubella endemic areas.

Dengue fever: Endemic in most of the tropical countries of Asia and in Tahiti. No licensed vaccine against dengue available. Use precautions against mosquito bites.

## Miscellany

- Q. What did the Hawaiian termite say to his buddy termite?  
A. Hey, Brah! Come eat my house . . . (As told by our tennis player friend, **George Suzuki**)

### STATEMENT OF OWNERSHIP

Statement required by the Act of August 12, 1970: Section 3685, Title 39, United States Code Showing the Ownership, Management, and Circulation of HAWAII MEDICAL JOURNAL, published monthly at 863 HOLEKOUWILLO STREET, Honolulu, Hawaii 96813, for November 1982.

#### Names and addresses of Publisher, Editor, and Managing Editor:

Publisher: Stephen S. Lent, 863 HOLEKOUWILLO STREET, Honolulu, Hawaii 96813.  
Editor: Harry L. Arnold, Jr., M.D., 320 WORD AVENUE, Suite 200, Honolulu, Hawaii 96814.  
Managing Editor: Doris Josinski, M.D., 320 WORD AVENUE, Suite 200, Honolulu, Hawaii 96814.

**OWNER** (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If now owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given):

Hawaii Medical Association, 320 Word Ave., Suite 200, Honolulu, Hawaii 96814.

Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities (if there are none, so state): NONE.

	Average No. Copies Each Issue During Preceding 12 Months	Single Issue Nearest Filing Date 9/23/82
A. Total No. Copies Printed (Net Press Run) . . . . .	1,410	1,525
B. Paid Circulation . . . . .		
1. Sales through Dealers & Carriers, Street Vendors and Counter Sales . . . . .	1	0
2. Mail Subscriptions . . . . .	1,144	1,193
C. Total Paid Circulation . . . . .	1,145	1,193
D. Free distribution by mail, carrier or other means samples, complimentary & other free copies . . . . .	151	227
E. Total Distribution . . . . .	1,296	1,420
F. Copies not distributed . . . . .		
1. Office use, left over, unaccounted, spoiled after printing . . . . .	114	105
2. Returns from news agents . . . . .	0	0
G. TOTAL . . . . .	1,410	1,525

I certify that the statements made by me above are correct and complete.  
(HMJ: Oct. 18, 1982)

JONATHAN R. WON, Executive Director,  
Hawaii Medical Association



# **Before your patient forgets what you did for him, help us pay the claim.**

We know you'll feel a lot better when your bills get paid promptly. You can get fast service from HMSA if you submit your claims promptly. It will not only keep your accounts current, the cash flow situation in your office will be a lot healthier.

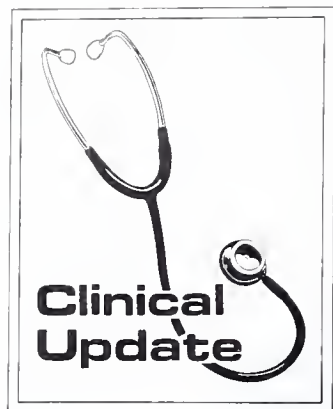
Anytime you have a problem or suggestion, please let our Professional Relations Department know. We're here to help you.

HMSA—the efficient way, for you and your patients.



## **HMSA Professional Relations Department**

Oahu: 944-2259  
Maui: 244-7425  
Kauai: 245-3393  
Hawaii: 935-5441 (Hilo)  
329-3030 (Kailua-Kona)



By James Lumeng, M.D.

J.J. Fenoglio Jr., M.D., et al., recently reviewed the files of the Armed Forces Institute of Pathology (AFIP) and selected for study 24 cases of drug-related (hypersensitivity) myocarditis.<sup>1</sup> Criteria used in the selection of the cases were:

- 1) previous use of the drug without incident,
- 2) lack of relationship to the drug dose,
- 3) classical allergic symptoms,

4) persistence of symptoms until the drug is withdrawn.

The histology of the cardiac involvement was unique and was characterized by:

- 1) patchy interstitial inflammatory infiltrate reaching the eosinophils,
- 2) focal myocytolysis,
- 3) prominent perivascular infiltrates, and
- 4) absence of myocardial fibrosis.

Why should clinicians be familiar with this entity? Recognition of drug-induced myocarditis is difficult. The prevalence is unknown. It should be separated from naturally occurring myocarditis and the commonly seen acute myocardial infarction. Drug-related myocarditis is reversible, in that once the offending agent is withdrawn and the hypersensitivity reac-

tion subsides, the myocardium will be without permanent damage. Early recognition of this condition is, therefore, important, since many of these patients will die suddenly, presumably secondary to ventricular arrhythmia.

Although many drugs have been implicated, methyldopa, chlorothiazide, and penicillin appear to be the most common offending agents.

In summary, the presence of signs and symptoms of hypersensitivity (skin rash, fever, eosinophilia and malaise), non-specific cardiac findings (electrocardiographic changes, tachycardia, or serum enzyme elevations) and the reversal of all these changes following the withdrawal of the drug should alert the physician to this disease of medical progress.<sup>2</sup>

#### REFERENCES

1. Fenoglio JJ: Drug Related Myocarditis, Human Pathology, 12:900-906, 1981.

2. Moser RH: Diseases of Medical Progress: A Study of Iatrogenic Disease (Springfield, Ill., Charles C. Thomas, 1969).



Ed: Douglas Massey, M.D.

Clinical Behavioral Science. Edited by Frederick Sierles. New York, SP Medical and Scientific Books. 1982.

Clinical Behavioral Science has many shortcomings. For one, its ambiguous title informs little about its content. Is clinical behavioral science a euphemism for psychiatry? Is it a new identity for clinical psychology? It turns out that the book's 10 contributors are principally psychiatrists, with the exception of one psychologist and one anthropologist, and the book's aim—"to present those aspects of the behavioral sciences that are clinically relevant to physicians in all branches of medicine"—becomes an ambitious goal, indeed.

The ambitious project covers 34 chapters, ranging from the genetics of behavior to brain biochemistry, behavioral medicine, forensic medicine ethology, and medical sociology. There is even a section on third-party payers. However, editor Frederick Sierles, himself the sole contributor of 23 chapters and co-contributor of 3 more, compresses the 34 topics in 425 pages (or an average of about 12 pages per topic). How can one do justice to important subjects with, for example, only 5

pages on aging or 5 on the potentially suicidal patient?

As for behavior theories, the book presents only two: psychoanalysis and conditioning, a highly inadequate coverage in this day of multiple theoretical orientations. Perhaps the most telling deficiency of this book is the absence of any discussion of pain, pain theories, and pain reduction techniques, such as relaxation training, hypnosis and biofeedback. (The volumes written on pain have been among the most valuable work produced in the area of modern behavioral medicine.)

On the other hand, some sections are quite detailed and helpful for the clinician. For example, specific items presented in the aphasia chapter are techniques that can be employed by the practitioner in the office examination of certain neurological patients.

The assets of this book are, unfortunately, far outweighed by its flaws. In its "attempt to pare down subjects to their essentials," Dr. Sierles leaves the reader with too little to appreciate.

William T. Tsushima, Ph.D.

Electroconvulsive Therapy, Biological Foundations and Clinical Applications. Edited by Richard Abrams and Walter B. Essman. 270 pp. Spectrum Publications, Inc. 1982.

Despite its detractors and the sensationalism that antipsychiatric groups have cast on "shock treatment," ECT (electroconvulsive therapy) still lives.

As a singular discovery, ECT may rival the major tranquilizers and lithium in its profound effects on the mentally ill. Its prompt effectiveness, restricted side effects, and proven safety look better as more patients are showing tardive

dyskinesia from the major tranquilizers and renal tubular damage from lithium therapy. Recent neuropsychological studies, where patients received ECT with modern safeguards, showed improved performance after ECT, no evidence of brain damage, and amnesia restricted to the period of treatment.

By reducing brain excitability, ECT combines the effects of various neuroleptic and antidepressant drugs and may resolve illnesses unresponsive to other medication.

This is a detailed, state-of-the-art, compact, comprehensive book on ECT, written by experts in their various special interest fields. It is readable and contains a good bibliography of 49 pages.

James G. Harrison, M.D.

#### Books Received

The receipt of the following books is acknowledged and this listing must be regarded as sufficient return for the courtesy of the sender. Books that appear to be of particular interest will be reviewed as space permits.

1. Lewis M. Taft LT: Developmental disabilities: theory assessment and intervention. SP Medical and Scientific Books. New York, 1982.
2. Abrahms R, Essman WB: Electroconvulsive therapy: biological foundations and clinical applications. SP Medical and Scientific Books. New York, 1982.
3. Harkin HT: The psychiatric hospital and the family. SP Medical and Scientific Books. New York, 1982.
4. Naito HK: Nutrition and heart disease. SP Medical and Scientific Books. New York, 1982.



# THE WORLD'S LARGEST COPIER MANUFACTURER OFFERS YOU:



Instead, RICOH offers a full-line  
of copiers to RESPOND  
to your specific business needs

# RICOH®

**We respond.**

For further information contact: REGGIE QUIOCHO • Phone 523-7061

## Servco Office Systems

401 Waiakamilo Road • Honolulu, Hawaii 96817

A DIVISION OF  PACIFIC INC

## CLASSIFIED NOTICES

Call 521-0021

Minimum 4 lines  
\$3.50 per line + tax

### OFFICES

#### WAHIAWA AREA

Ideal for the professionals. New 2 story, elevator equipped, air conditioned with covered parking area. Flexible suite sizes avail. at 80¢ to \$1.00 NNN. Call 622-4354.

MEDICAL OFFICE, for rent, Professional Center, 1481 S. King St. Air conditioned, Completely finished ready for occupancy. 1188 sq. ft. @ \$1.00 per sq. ft. base rent, \$18,000 for improvements, Terms. Call Dick Rippey, (RA)  
Hawaiian Properties Ltd. 955-3341

**kōkua**  
to help. assist. support

### Kokua Nurses and Para Professionals

is a medical staff relief  
agency committed to:

- CAREFUL SCREENING
- ON-SITE ORIENTATION
- PERFORMANCE MONITORING
- EMPLOYER SATISFACTION

#### NURSES

R.N.'s, L.P.N.'s, Nurse Aides

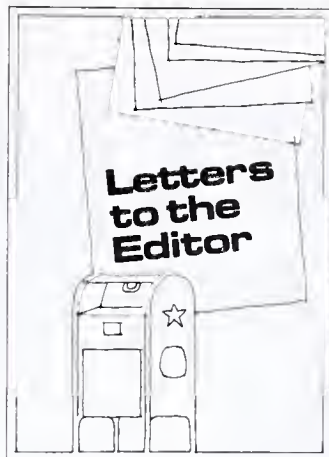
#### PARA PROFESSIONALS

Medical Technologists and  
Laboratory Technicians, Radiologic  
Technologists, Respiratory  
Therapists, Physical &  
Occupational Therapists

*Founded in Hawaii . . .  
Serving all Hawaii*

**536-2326**

1210 Auahi St., #223  
Honolulu, HI 96814



Dear Governor Ariyoshi,

It is the understanding of the Hawaii Medical Association that Mr. Charles Clark is an interim appointee for the position of Director of the Hawaii State Department of Health. In setting criteria for this position, we strongly urge that the candidate have at least an M.D. degree. Specialty training and experience in the fields of public health and preventive medicine are highly desirable, and such physician/candidate should be given highest priority.

The HMA is willing to assist you in any way possible in appointing the best person available as Director of the D.O.H., and would be pleased to submit a list of possible nominees for your consideration.

Ann B. Catts, M.D.

Dear Dr. Catts,

I appreciate your letter of April 21, 1982, concerning the appointment of a new Director of Health.

I understand very well the feeling of many physicians that the director should be a medical doctor, but at the same time I am most aware that the director's position encompasses much more than a professional knowledge of medicine.

Basically, it is an administrative position, bringing together the many functions of the Department of Health into efficient, functioning units.

Obviously, this is not to say that a person with an M.D. degree cannot fulfill this function, but certainly the possession of an M.D. degree does not guarantee these capabilities either.

I am sure that Charles Clark will seek advice, when pertinent, from medical professionals, and will defer to such professionals in areas in which they possess the expertise. I am also sure he will exercise his own expertise in many ways which makes the Health Department a vital function of our state.

Thank you very much for your letter.

With warm personal regards, I remain,  
George R. Ariyoshi

Dear Dr. Arnold:

I have read your editorial in the May 1982 copy of the JOURNAL in regard to

heptachlor in milk, "A Non-Emergency!" I thought perhaps I could lend you some information and make some corrections on your statement.

In your editorial you state that Dr. Hsia "acknowledged that little research had been done, and that it is better for us not to be exposed to heptachlor, even though it is virtually certain that no one drinking milk has been harmed by it." Firstly, a great deal of research has been done on the adverse effects of exposure to heptachlor and chlordane. As of 1969, the MRAK Commission urged that all uses of heptachlor be terminated by at least 1971 because of concerns about carcinogenicity, teratogenicity, and genetic effects. Hundreds of articles have been written about the adverse effects of exposure to heptachlor, including enzyme induction, hepatotoxicity, changes in immune globulins, and of course, the better known effects in relation to carcinogenicity and birth defects.

Please note that both chlordane and heptachlor are under RPAR (Rebuttable Presumption Against Registration) by the EPA because of specific adverse effects, including carcinogenicity and teratogenicity.

There is no competent scientist involved in the field of genetic effects and research in toxic chemicals, including carcinogenicity, who can state that there is no human health effect. It is a scientific principle that chemicals proven to be carcinogenic in animal species must be considered as human carcinogens as well. The fact that we do not have distinctive epidemiological data is not that the effects are not occurring, but that it is unethical to knowingly experiment with human beings. However, the fact that the contamination has occurred behooves the medical profession to look for health effects, test the population for pesticide levels, and obtain data concerning any changes in cancer patterns or birth defects patterns.

I would urge the medical profession to become educated in the field of toxicology, particularly in regard to the adverse effects of exposure to pesticides, and to initiate and participate in epidemiological studies of the exposed population.

Blaming the publicity for adverse effects is like the ancient practice of killing the messenger when the messenger brought bad news.

If I can be of aid to you in any way, please feel free to call upon me.

Janette D. Sherman, M.D.  
Member, Advisory Committee to EPA  
for the Toxic Substance Control Act  
American College of Toxicology  
Assistant Professor, Dept. of Oncology,  
Wayne State University  
Previous Principal Investigator,  
Hazard Assessment Project,  
University of Hawaii



**"We'll convert your delinquent  
receivables into cash with  
persistence, hard work and  
a little help from our computer."**

**JOE MANCINELLI**

President  
Medcah, Inc.

A collection service with affiliations  
throughout the Mainland, the Pacific Basin,  
Australia, Asia, Europe and Africa.



**M E D C A H I N C**

Honolulu office: 1188 Bishop Street, Suite 1002, Honolulu, Hawaii 96813, Telephone: 526-9545  
Windward office: 22 Oneawa Street, Kailua, Hawaii 96734, Telephone: 262-2311  
Cable: MEDCAH



"not to suffer too much" whereas they could indeed have a treatable process.

Dear Sir:

Yours truly,  
Niranjan Rajdev, M.D.  
Enclosure: to wit:

The accompanying letter will exemplify frequent injustice that a cancer patient faces during his lifetime of inactive or active disease by being treated as the plague. The incident highlights 2 problems. The first problem is that this 58-year-old woman's family could not find out the reason for her sudden death merely because she had cancer. The system in our community would have allowed for an autopsy only if the family had paid for it since the coroner "did not want to satisfy the curiosity." The other problem is the City and County administration's view of practicing physicians. As so rudely, with almost an underlying tone of unjustifiable jealousy, the city coroner felt that I should have gone out to pronounce this patient dead and sign the death certificate because: (1) they do not have the time or money to do this; and (2) his implying that the practicing physician has the time and the money to do this.

Leaving aside the financial and moral philosophies, it is most disturbing to see all problems of a cancer patient being attributed to the diagnosis of cancer. Medical oncologists frequently see benign diseases quite independent of patient's malignancy and these should be treated just like any other "healthy" patient. I feel, therefore, that cancer patients get brief evaluation and therapy in order for them

Dear Mayor Anderson:

This letter is with regards to the conduct of a public employee of the City and County of Honolulu. This member overstepped his boundaries as the chief medical examiner in being opinionated, rude, and perhaps even slanderous.

Dr. Charles Odom called me about a 58-year-old patient of mine who died within 12 hours after having a radiographic procedure as an out-patient in one of our community hospital (which involved injection of a contrast material). This patient was only recently found to have evidence of recurrent cancer and was being worked up for the extent of the disease. She had been gainfully employed until approximately a week or so prior to her death. This was, therefore, a sudden death which was unexpected and unexplained. After discussion with the family I therefore chose to make this a coroner's case and requested an autopsy.

Dr. Odom felt that I should have signed the death certificate with the cause being "cancer" even though the law requires the "immediate cause of death." He further said that the patient had a "terminal disease" and he was not going to "satisfy my curiosity" by performing an autopsy, implying that a sudden death in a cancer patient should not be investigated. I felt

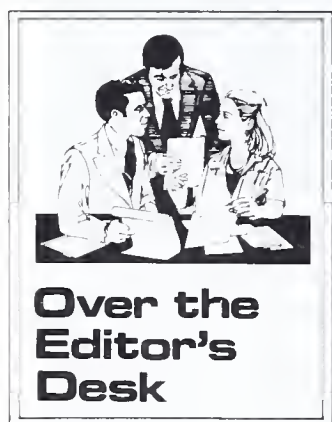
that this patient had at least 3 to 6 months of meaningful life, even with pure comfort measures and perhaps more with appropriate therapy. The medical examiner, therefore, showed poor medical judgment in his eagerness to save himself from performing an autopsy and the city some money.

He went on further to accuse me of "deserting the patient" after having "taken money from her for 1 1/2 years" that the patient was known to me. I believe his personal prejudices and opinions in this matter were entirely uncalled for in his capacity as a public servant—which this pathologist is.

In my opinion, sudden death in a cancer patient does not justify indifference in our society and should be regarded in most circumstances to be no different from sudden death of a coroner or a commoner. . . . Cancer patients these days are not too infrequently regarded as leprosy or TB patients were once thought of.

I also believe that you would agree that a City and County executive ought not to display temper tantrums to the public he is employed by, and who help pay his salary. This letter is, therefore, also being sent to the editor of the HAWAII MEDICAL JOURNAL. I am also strongly debating whether this disregard towards the family of the sudden death victim should not be made public. It would, however, depend very much on your response and on an apology from the medical examiner.

Yours truly,  
Niranjan Rajdev, M.D.



Harry L. Arnold Jr., M.D.

universal solution spike for tapping any commercial solution bag. Write to Ethox, 800 Exchange St., Dept. 420, Buffalo, N.Y. 14210.

\* \* \*

It may not be too late to write to J.W. Matson II, A.M., 256-K26 South Robertson Blvd., Suite 5350, Beverly Hills, Calif. 90211, and send him \$20 for the hitherto top secret IRS Field Agents Income Tax Auditing Manual, just made available under the Freedom of Information Act.

\* \* \*

If you operate several X-ray machines, perhaps you need GE's new computerized X-ray generator systems. Publication 5292, GEC Co, Medical Systems Operations, Box 11944, Milwaukee, Wis., 53201-0944, will help you decide.

\* \* \*

Chewing gum with 4 mg of nicotine in each stick will not give you the peak blood level of nicotine that a cigarette will, but it will give you the same sustained level for an hour and reduce the urge to light up another. But there's a

catch: you can only get it in Canada, Great Britain, and Sweden, thanks to Big Brother's protection of us Americans.

\* \* \*

Ten years after he first reported it, Dr. Gordon J. Gilber of St. Petersburg, Fla., still believes that bilateral morning headache is often the result of the "turtle" habit: pulling the bedcovers over the head to avoid daylight and go back to sleep. The September 4 issue of JAMA has a letter from him.

\* \* \*

Ultrapore surgical tape has been introduced by MMM; the description of it sounds just like Micropore except that the backing is 100% rayon, but presumably it has advantages. Write 3M at—no, don't do that: call them, at 422-2721. Tell them you heard it here!

\* \* \*

The health of drug addicts, the sexually promiscuous, and male homosexuals—as well as that of health care workers—may get a real lift now that the FDA has approved the first completely new viral vaccine in a decade, against hepatitis B. It's

Publication of the 1983 edition of the USP Dispensing Information book (the USP DI), priced at \$37.95 for the two volumes together (one for the doctor and one for the patient, available separately at \$17.95), is announced for July 1982. It doubles the size and content of the 1980 edition. It seems as if it would be an indispensable supplement to — or hopefully, replacement for — the PDR.

\* \* \*

The new ETHOX Gastric Lavage Kit for emergency rooms and intensive care units looks like a real winner. Model 2050 you fill yourself, with saline. Model 2070 has a



**SUNDAY • FRIDAY • SATURDAY • SUNDAY • MONDAY • TUESDAY •**

**TURDAY • FRIDAY • THURSDAY • WEDNESDAY**



expected to cost between \$75 and \$120 for a series of 3 doses.

\* \* \*

Fellowships in hemophilia are available through the National Hemophilia Foundation, 19 West 34th St., Room 1204, New York, N.Y. 10001. Up to \$15,000 a year is available.

\* \* \*

*"Drug Abuse: A Guide for the Primary Care Physician" may be obtained for \$17 from the AMA, Order Dept. OP-323, Box 821, Monroe, Wis. 53566.*

\* \* \*

Do you need help in preparing a paper for publication? Norma Gorst, a professional editor, is in just this business, and can be reached at (808) 261-3176.

\* \* \*

*Could you use an IUD removal hook? Amko Mfg. Co., at 41 Oak Ave., Bellmawr, N.J. 08031, offers two models, a simple and a universal one.*

\* \* \*

Young, unestablished investigators may apply for one of 2 fellowships for research in hemophilia being offered by the National Hemophilia Foundation; they start July 1, 1983. U.S. citizenship is required, and previous experience is desired. The deadline is December 15, 1982. Grants are for up to \$15,000. Any aspect of hemophilia may be studied. Write to the NHF, 19 West 34th St. 1204, New York, N.Y. 10001.

\* \* \*

*DuPont announces the Isolator 10 microbial tube for collecting a larger amount of blood for blood cultures and lysing and centrifuging it immediately within the tube into which it is drawn; the concentrate is then plated directly onto the agar medium, without the usual incubation period of up to 24 hours. Write to Clinical Systems Division, Tatnall Bldg., Concord Plaza, Wilmington, Del. 19898.*

\* \* \*

A 2½-day symposium on rational therapy in cardiovascular disease sponsored by the American College of Cardiology and New York Medical College will be held at the Sheraton Centre in New York, December 10-12, 1982. Denton Cooley will give the 11th annual Paul D. White lecture. Registration fee is \$290 for members, \$345 for non-members.

\* \* \*

*Pediatricians: combine CME with fun! Go to Frenchman's Reef, St. Thomas, in the lovely Virgin Islands, March 8-13, 1983, for a Pediatric Update, the 12th annual such course held by the Pediatrics Department of the Long Island Jewish-Hillside Medical Center. The State University of New York at Stony Brook is the place to*

*write—or call (212) 470-2114 and ask Debra Mohr for details. Or Ann Boehme.*

\* \* \*

A ½-hour movie and 10 copies of a 16-page monograph on emergency management of the multiply-injured patient are available through Abbott Laboratories' Audiovisual Services at 708 N. Dearborn St., Chicago, Ill. 60610, at \$15 for 5 days' use. Up to 25 additional copies of the monograph are free. The American College of Emergency Physicians prepared it.

\* \* \*

*The American College of Cardiology has 24 learning sessions in cardiology scheduled between January 29 and June 29, 1983. Write them at 9111 Old Georgetown Road, Bethesda, Md. 20814, if you're interested.*

\* \* \*

Schmid Laboratories offers a condom backed up by a special spermicidal lubricant called Nonxynol-9, under the name Ramses Extra. Successful in Holland and England for several years, it has just received FDA approval. The firm is in Little Falls, N.J. 07424.

\* \* \*

*Ultrasound examinations of pregnant women can be quickly translated into 5 specific parameters for the guidance of the obstetrician, by use of a handheld pocket calculator now available from OB Calculation Systems, General Electric Co., Box 11944, Milwaukee, Wis. 53211-0944.*

\* \* \*

Watch for the new generation of antibiotics called naphthalenic ansamycins to come on the market; Upjohn has identified these and will market them. Like rifampin, they are effective against bacteria already ingested by neutrophils; most antibiotics are not.

\* \* \*

*If your patients need acetaminophen and are still scared of Tylenol, it's available as a generic compound. It doesn't antagonize uricosurics or promote bleeding. It's not a good antirheumatic.*

\* \* \*

The 5th annual meeting on Current Concepts in Musculoskeletal Radiology and Orthopedics will be held, again in Acapulco, May 1-5, 1983, in conjunction with the Inter-American Congress of Radiology. It's AMA-approved for 24 hours of CME credit, for a fee of \$350 (less if you attend the Congress, too). Write Louis A. Gilula, M.D., 510 South Kingshighway Blvd., St. Louis, Mo. 63110.

\* \* \*

*Current Concepts in Pain Management, a seminar, is announced by Dr. D. Berman for January 8-14 and February 24 to March 8, 1983, in Steamboat Springs, Colo. Fee: \$250. Guest fee (to attend an associated tax*

*program for legitimizing deduction of expenses): \$100. Write Dr. Berman at 3301 Johnson St., Hollywood, Fl. 33021.*

\* \* \*

The International Congress on Psychiatry, Law, and Ethics will be held in Haifa, Israel, February 20-24, 1983. Judge Amnon Carni, Box 394, Tel Aviv 61003, Israel, will supply details.

\* \* \*

*The February 5 issue of JAMA tells the fascinating story of the promotion of healing of fractures by application of a pulsating electromagnetic field.*

\* \* \*

In October at AMA headquarters in Chicago, and in November in Miami, seminars on improvement of pronunciation of English, to help foreign medical graduates communicate with their patients, were held by the American Medical Association. Additional seminars may be expected in future.

\* \* \*

*On September 13, the AMA/GTE Medical Information Network is to be unveiled. It will supply MD subscribers with computerized information bases on a wide range of clinical subjects. Your home computer can be linked by telephone with a bank of computers in the Vienna, Va., office of GTE Corporation. You'll be able to use it to send a written message to any other subscriber in the United States!*

\* \* \*

Materials for putting on a seminar in risk-reduction strategies for cardiovascular disease are provided free, and films for the seminar are loaned, by M.E.D. Communications, 655 Florida Grove Road, Hopelawn, N.J. 08861. The program was developed at New York Medical College under a grant from Bristol-Myers through Bristol Laboratories.

\* \* \*

*March 20-24, 1983, the 32nd annual scientific session of the American College of Cardiology is to be held in New Orleans. Write the ACC at 9111 Old Georgetown Road, Bethesda, Md. 20814 for details.*

\* \* \*

Abbott announces HAVAB-M-EIA, the first commercially available enzyme immunoassay (EIA) to identify acute hepatitis A infection.

\* \* \*

*The First World Conference on Cancers of the Skin will be held May 18-20, 1983, at the Grand Hyatt Hotel in New York City. It is to be a biennial event, with panel discussions, workshops, and seminars rather than long lectures. Perry Robins and Alfred W. Kopf are chairmen, and A. Bernard Ackerman, Daniel C. Baker, and Philip R. Casson are co-chairmen.*

◇



## HOLIDAY INTRODUCTORY OFFER

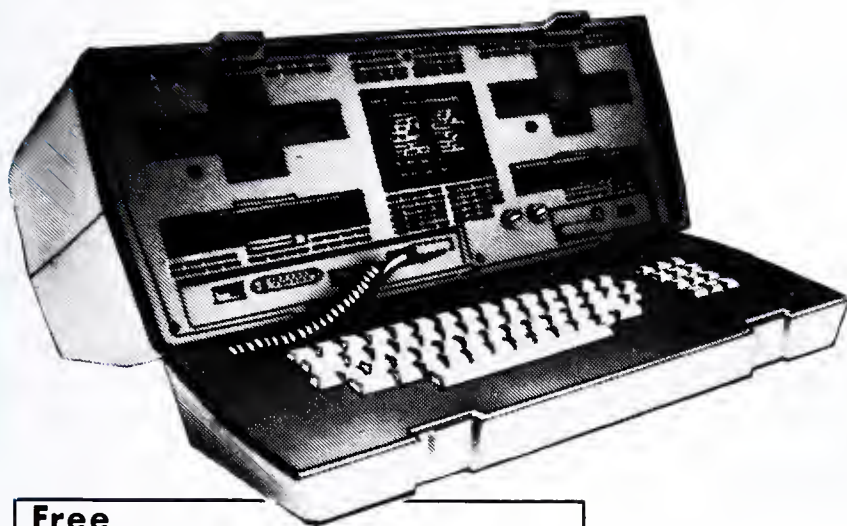
# Buy a new Osborne<sup>TM</sup> personal computer for \$1795 and receive \$2585 worth of software absolutely free!

*(That's like getting the computer free!)*

### **OSBORNE**<sup>TM</sup>

#### **PERSONAL BUSINESS COMPUTER**

It's portable—convenient—fits on the office desk as easily as the kitchen table—battery pack or AC, so it can go where you go—plus the invaluable personal touch of our staff of experts to help you.



#### *\* Free Software Included*

- |  |  |   |
|--|--|---|
| • CP/M®<br>Computer<br>program<br>monitor<br>VALUE \$200 | • WORD PROCESSING<br>WITH MAILMERGE<br>Letter writing &<br>mailing address<br>program<br>VALUE \$795 | • SUPERCALC<br>Electronic<br>spreadsheet—<br>budgeter<br>VALUE \$295          |
| • M BASIC<br>Programming<br>software<br>VALUE \$295      | • C BASIC<br>Programming<br>software<br>VALUE \$325  | • dBASE II<br>Data base<br>manager<br>(application<br>program)<br>VALUE \$675 |

**TOTAL VALUE**  
**\$2585**

\* This introductory offer ends December 24, 1982

#### **Free Seminar Thursdays**

Seminars on the Osborne Personal Business Computer will be conducted Thursday evenings 7:30-8:30 at Office Things, Inc., 2340 Kam Highway, across from GASPRO. Plenty of free parking. Complimentary refreshments.

OR—call us for a  
demonstration in your  
office.

HONOLULU  
2340 Kam Highway  
**847-0221**

KAHULUI  
261 Lalo Street  
**877-7331**

HILO  
101 Holomua  
**935-5401**

KONA  
74-5603 Alapa  
**329-1308**



*Where promises and customers are kept.*

# MIEC

**Medical Insurance Exchange of California**

*Professional Liability Insurance Exclusively*

- Quality Protection From Hawaii's Only Physician Owned Company
- Financial Strength and Stability
- Sponsored by Hawaii Medical Association

FOR FURTHER INFORMATION CONTACT:

Hawaii Medical Association  
320 Ward Avenue, Suite 200  
Honolulu, HI 96814  
536 • 7702

HOME OFFICE: THREE EMBARCADERO CENTER • SAN FRANCISCO, CALIFORNIA 94111  
MAILING ADDRESS: P.O. BOX 7149 • SAN FRANCISCO, CA 94120  
TELEPHONE (415) 393 • 5250

188095















00443 487



3 1378 00443 4877



